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14. ABSTRACT This study has rested on two basic hypotheses. The first is that agents given during and (for a short period of time) after resuscitation can favorably influence the response to hemorrhagic shock and injury. The second is that studies of gene response studies, specifically microarray and RT-PCR studies, could be used to assess the response of patients being treated for injuries to such therapeutic agents. To date, both hypotheses have been shown to be true in the animal model. Three therapeutic agents have been identified, of which glutamine appears to be the most suitable for initial use in patients. Clinical studies are ongoing to validate these hypotheses in patients, by using glutamine in patients immediately following resuscitation.					
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Table of Contents

	<u>Page</u>
Introduction.....	5
Body.....	5
Key Research Accomplishments.....	7
Reportable Outcomes.....	16
Conclusion.....	19
References.....	20
Appendices.....	N/A
1. Pathway Analysis of Gene Activation in White Blood Cells Following Arginine Administration in A Model of Hemorrhagic Shock (Manuscript)	
2. Crocetin Reduces Activation of Hepatic Apoptotic Pathways and Improves Survival in Experimental Hemorrhagic Shock (Published Paper)	
3. Influence of Arginine upon Hypoxia-Induced Changes in Proteasomal Structure and Function in RAW 264.7 Cells (Abstract)	

INTRODUCTION

Shock is a leading cause of death among American soldiers wounded in battle. If an injury is not immediately lethal, most deaths result from hemorrhagic shock or from its late sequelae, septic shock and multiple organ failure. The critical time in shock appears to be the period during which the patient is being resuscitated. Resuscitation is associated with a massive activation of the inflammatory reaction, producing immunosuppression, and rendering the patient vulnerable to sepsis and its sequelae. The **goal** of this research program is to develop new treatments for hemorrhagic shock to be administered before or during initial resuscitation. These treatments will be applied by front-line responders on the battlefield (and first responders in civilian life) as well as by fixed facilities, such as a Forward Surgical Team or a Combat Support Hospital. Suitable agents must be non-toxic and have a very broad therapeutic ratio, so that they can be given safely to injured soldiers, and must be easy to administer under combat conditions. In previous work, allopurinol, a xanthine oxidase inhibitor, was found beneficial in a shock model (1). In other work, using an animal model of hemorrhagic shock (2), glutamine, glutamine-alanine dipeptide, and arginine have shown efficacy. (3,4) Studies with crocetin have also shown efficacy (5), but this agent is not available in a form which can be administered to patients. Others have advocated the use of DHEA, but studies in our laboratories have failed to show a useful effect (6,7). Studies with omega-3 fatty acids have shown promise, but are still at an early stage.(8)

The **method** of the research is to measure the response of the genome to hemorrhagic shock using microarray studies. The effect of these agents in patients will be compared to their effect in the animal model, to assess whether they will be effective in the clinical setting.

BODY

We have proposed to develop a pharmacologic strategy, with the aim of reducing the intensity of the post-shock and post-injury inflammatory response. This strategy should be based on one (or more) agent(s) that are safe and can be given early in resuscitation, even by first responders and before resuscitation has begun.

The identification of such agents, which can be given at the beginning of resuscitation, or even before fluid resuscitation is begun, has been the subject of a great deal of research. In our own laboratories, during previous studies using several experimental animal models of hemorrhagic shock, we have identified several compounds that have shown therapeutic effectiveness, specifically crocetin, glutamine, and glutamine-alanine dipeptide. (1-9) There is convincing experimental evidence that these agents enhance cellular recovery following shock, and, importantly, that they significantly improve survival. These agents all appear to have two beneficial effects. First, they appear to reduce mitochondrial damage, which is perhaps the mechanism for improved recovery of tissue ATP levels. Reduced mitochondrial damage has been shown by decreased levels of cytoplasmic cytochrome c and by decreased activity of caspases, notably caspase 3 and 7, and by decreased apoptosis. Second, they appear to suppress the

cytokine response, at least in part by inhibiting the activation of the transcription factor NF- κ B. The activation of NF- κ B is dependent among other factors on the proteasome, a large cellular proteolytic complex that has a regulatory role in the inflammatory process. In parallel investigations, agents that inhibit proteasome activity have also been shown to suppress cytokine production in response to inflammatory stimuli. (10-18) Ongoing research has established similarities between cytokine release induced by sepsis and that induced by hemorrhagic shock. It is becoming increasingly apparent that these similarities may reflect similar changes in the proteasome, a line of research which has been pursued by our laboratories, and which touches on the present investigation in significant aspects.

Issues Encountered

Progress towards the four research objectives, while significant, has been slower than would be desired. The microarray studies in the animal models have been slowed by the relocation of the laboratory of the collaborating investigators to new quarters in a newly-built research building. Authorization for initial human studies was not obtained until June, 2007, and it proved difficult to find suitable subjects. One of the key individuals, Dr. R. Yang, who carried out the animal studies, returned to China somewhat abruptly and unexpectedly. New personnel are being recruited. On the other hand, the PI (Dr. Van Way) was named to a research professorship (Sosland Chair of Trauma Research) effective July 1, 2008, and has been able to devote considerably more effort to the project. Recruitment of patients has been expanded, and the initial observational arm of the clinical study was completed. The therapeutic arm of the study (Objective #4) has begun. However, authorization for this phase has also been time-consuming, all of the necessary permissions requiring nearly two years. Final IRB approval was obtained and the study approved by the DOD review by the beginning of 2011. Three of the four research objectives have been completed, and the clinical study is currently enrolling patients.

KEY RESEARCH ACCOMPLISHMENTS

Research objective #1: Establish and validate the micro-array studies, using the animal model. *Deliverable:* A panel of genes that are reproducibly altered in white blood cells and in liver and muscle by shock and resuscitation.

1. These preliminary studies have been carried out, and presentation and/or publications are being prepared. (See list of publications, below). Collaboration continues with the laboratory of Dr. Peter Smith, Kansas University Medical Center, Kansas City, KS. This facility carries out micro-array analysis of both animal and human genomes.
2. To briefly summarize the work in this area, the four experimental groups noted below were studied. Even in the sham group, genomic response was quite marked. The microarray analysis used 31,099 probes. These data, which are typical of the entire data set, indicates that even the sham surgical procedure was a strong stimulant to the gene response in white blood cells. The overall pattern of the response to untreated shock and to shock with either form of resuscitation was qualitatively similar. This data supports previous work by many others indicating that so-called hemorrhagic shock procedures are, in fact, a combination of trauma and shock. As noted below, it is quite feasible to identify genes which are differentially responsive to sham, shock, and shock with resuscitation. Also refer to the pathway analysis, below.

Experimental group	Genes upregulated	Genes downregulated
Sham at 30 minutes vs sham baseline	4993	7178
Shock at 30 minutes vs shock baseline	4758	7579
Shock + LR at 30 minutes vs shock + LR baseline	5554	7510
Shock + LR + arginine at 30 minutes vs baseline	6143	6325

3. As noted in the previous-year report, a list of signature genes has been defined. The methodology for identifying these genes was as follows. All of the gene responses were uploaded into a web-based system maintained by Ingenuity Pathways Analysis (Ingenuity Systems, www.ingenuity.com ; see also below, #8). This system combines data analysis with an extensive genome knowledge base. Genes which showed a strong up-regulation or down-regulation (at least fivefold) to shock, as compares with sham controls, were selected. They were considered as possible signature genes if they showed a difference in their response to shock and to one of the two treatment arms, either fluid resuscitation (shock + LR) or fluid resuscitation plus arginine (shock + arginine). The genes meeting these criteria numbered 390. Selection among these was then carried out by eliminating genes that appeared to be irrelevant to the inflammatory reaction, such as oncogenes. Some genes were selected because they appeared to be related to the known components of the inflammatory reaction (cytokines). Several genes were placed on the list because their response in this shock model suggested that they

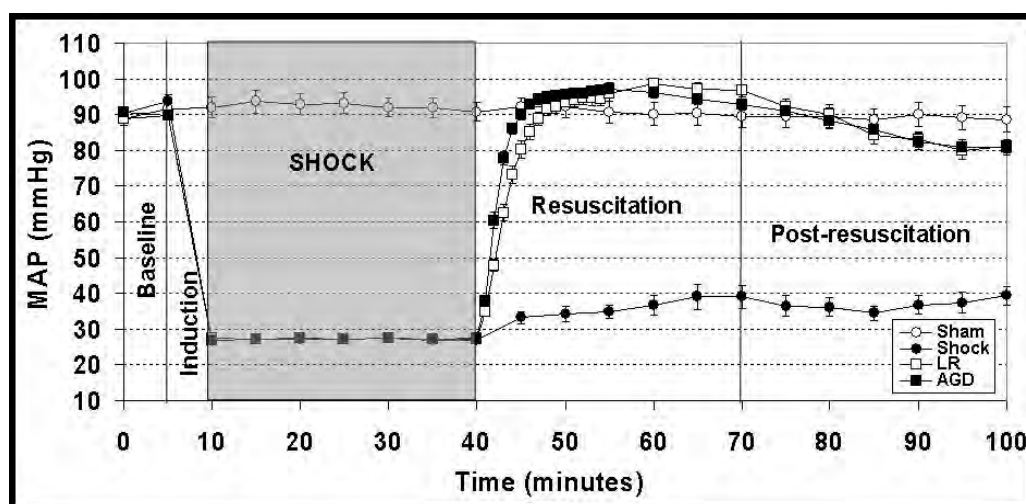
would be good markers of the response to the surgical preparation and to shock (B3GALNT, F3, GRID2, GRM5). The final list of 20 “signature” genes (below) are to be considered representative of genes which react strongly to the shock preparation, and which appear to be modified by treatment.

Signature Genes

<i>Gene</i>	<i>Protein and function</i>
ALOX5	Arachidonate 5-lipoxygenase (cytoplasmic enzyme)
B3GALNT1	Beta 1,3-N-acetyl/galactosaminyltransferase 2, membrane-bound galactotransferase enzyme
CXCL3	Chemokine (C-X-C motif) ligand 3, chemokine, cytokine
CXCL11	Chemokine (C-X-C motif) ligand 11, chemokine, cytokine
F3	Coagulation factor III, membrane receptor
GRID2	Glutamate receptor, ionotropic, delta 2 (ion channel)
GRM5	Glutamate membrane receptor
HSPA1B	Heat shock 70kDa protein 1b
HSPBAP	HSPB (heat shock 27kDa) associated protein 1, binds HSPB1
IL1A	Interleukin-1, alpha, cytokine
IL1R2	Interleukin 1 receptor, type II, membrane receptor
MSR1	Macrophage scavenger receptor 1, membrane receptor
NOS2A	Nitric oxide synthase 2A (inducible), cytoplasmic enzyme
NLGN1	Neurologin 1, membrane receptor (neuronal)
NPY1R	Neuropeptide Y receptor Y1, membrane receptor (G-protein coupled)
NR4A3	Nuclear receptor (subfamily 4, group A, member 3), steroid-thyroid hormone receptor superfamily
PLAUR	Plasminogen activator, urokinase receptor, membrane receptor
RGS1	Regulator of G-protein signaling 1, membrane regulatory protein
ST3GAL3	ST3 beta-galactoside alpha-2,3-sialyltransferase 3, membrane glycosyltransferase enzyme
TNF	Tumor necrosis factor (TNF superfamily, member 2), cytokine

4. Additional analysis has been carried out, using pathway analysis. The data has been presented in previous annual reports.
5. The figure illustrates the model developed for use in future experiments. It has been modified somewhat from the model used in the above experiments, in which animals were monitored for four hours following the end of the shock period. The particular series of experiments illustrated used the dipeptide alanine-glutamine dipeptide, which is a glutamine equivalent used clinically in Europe and elsewhere (Dipeptivin). Sprague-Dawley male rats, 300-350 grams, were anesthetized with Isoflurane. Cannulation of the femoral artery and vein were carried out. (19) Hemorrhagic shock was induced by withdrawing blood (0.5

ml/min) to lower the blood pressure to 25-30 mm, and maintaining it at that level for 30 minutes. Resuscitation was by lactated Ringer's solution, 21 ml/kg over 30 minutes. Animals were sacrificed 1 hour after the end of the shock period, and blood withdrawn. This model differs in important respects from the model used in the arginine studies described above, in that only one sampling will be done, at 1 hour, rather than at 30 minutes and 4 hours. The original model showed fairly clearly that later sampling showed similar patterns of gene activation as the early sampling, but appeared more attenuated.



Research objective #2: Define the effect on gene expression of the agents which will be used clinically, using the animal model. *Deliverable:* The effect of the agents upon the level of expression of the signature genes.

1. The agents which have been proposed to be used clinically agents are allopurinol, glutamine, and arginine. Glutamine is an amino acid that has been approved for use in humans. Arginine is also an amino acid which strongly ameliorates the inflammatory reaction, and has shown benefit in the rat model. Allopurinol is available in an intravenous form, and will be used in the further studies. This drug was shown to provide survival benefit in the canine shock model 20 years ago, by the PI and others (1). It appears to act by inhibiting xanthine oxidase, and hence lowering the production of free radicals during reperfusion. Survival studies with each of these agents have been carried out. Current studies were done in the rat model for glutamine (20, 21) and arginine. Previous work by the PI has shown survival benefit for allopurinol in both the canine shock model and the rat model. Previous studies were also done on alanine-glutamine dipeptide (21), crocetin (22), and dehydroepiandrosterone (7).

Glutamine studies are presented in this table.

Survival with or without Glutamine in Resuscitation		
	LR	Glutamine
Rat weight (gram)	295.83±3.03	293.00±3.84

Cannulating Time (minutes)	6.50±0.29	6.50±0.23
Bleeding (ml)	9.22±0.41	9.05±0.58
*Survival > 24 hours	4/12	11/12

Shock at MAP = 22±4 mmHg, 90 minutes. Resuscitated with Ringer's Lactate (LR, 21ml/kg) with/without glutamine (630mg/kg) over 30 minutes. Data expressed as mean ± SEM. *P< 0.05 (LR vs Glutamine).

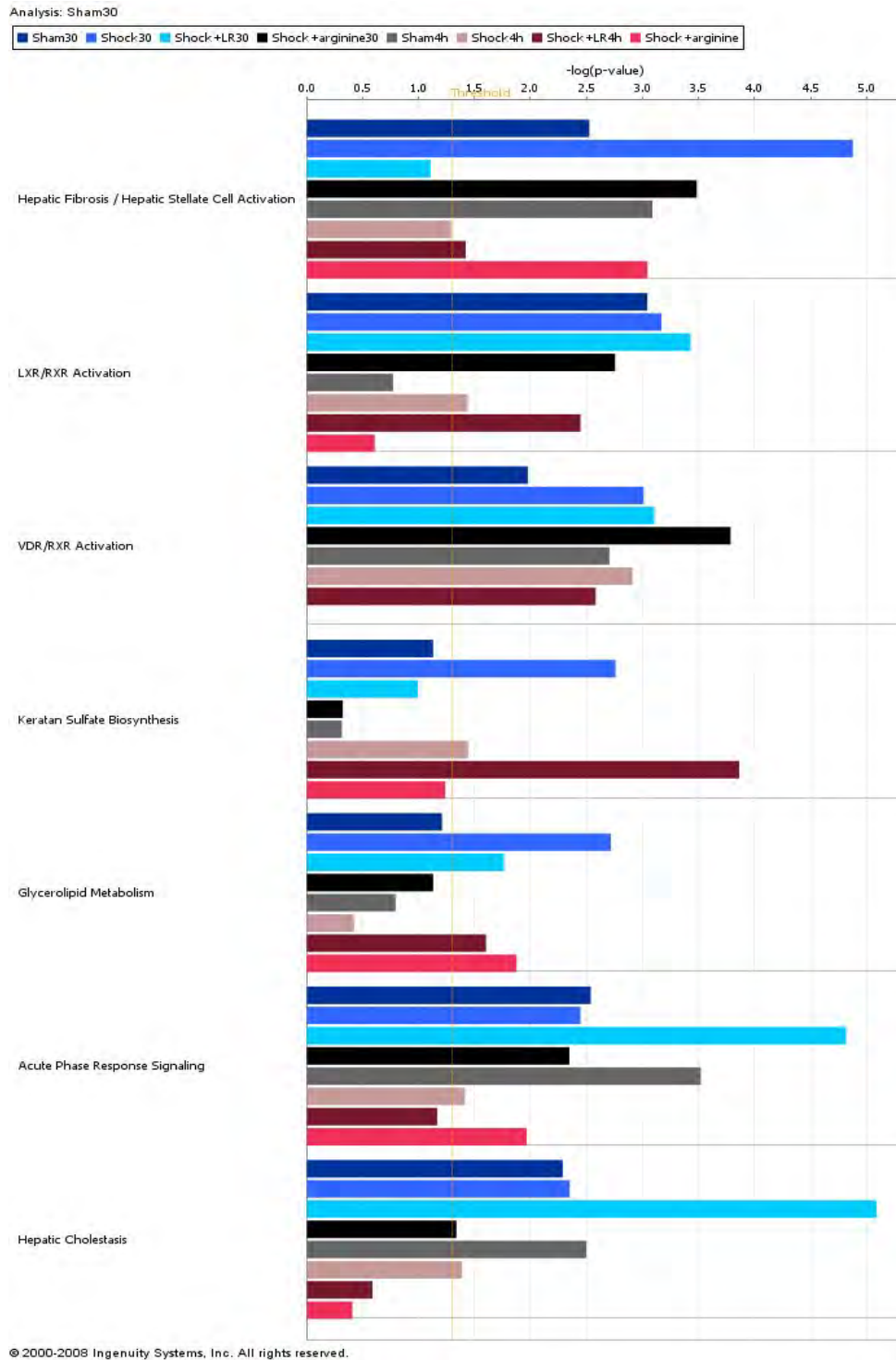
Arginine studies are presented here. In this model, arginine was nearly as effective as glutamine.

Survival with or without Arginine in Resuscitation

	LR	Arginine
Rat weight (gram)	286.70±4.03	294.40±4.81
Cannulating Time (minutes)	6.35±0.13	6.80±0.17
Bleeding (ml)	9.32±0.31	10.06±0.35
*Survival < 24 hours	11/20	4/20
Survival > 72 hours	6/20	12/20

Shock at MAP = 20±4 mmHg, 90 minutes. Resuscitated with Ringer's Lactate (LR, 21ml/kg) with/without arginine (300mg/kg) over 30 minutes. Data expressed as mean ± SEM. *P< 0.05 (LR vs Arginine).

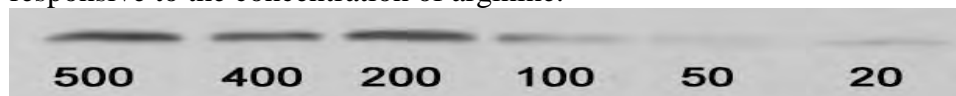
- The genome data from the shock experiment described in Objective #1 has been analyzed further, specifically in the analysis of the two shock groups treated with and without arginine. The objective will be to determine the differential effect of adding arginine. Also shown here is the relative activation of pathways as measured by up-regulation of genes in those pathways. Relative activation of genes is shown in the seven pathways most affected by shock. Within each group, activation is compared with the baseline values for that group. For each pathway, the first four bar graphs represent sham 30 minutes, shock 30 minutes, shock resuscitated with LR at 30 minutes, and shock resuscitated with LR and arginine at 30 minutes. The second four bar graphs represent the same experimental groups at 4 hours. Most of the pathways, with some exceptions, show an attenuated response at four hours.



3. A cell-culture based model has been developed, using a standard macrophage cell line (RAW 264.7). This model is based on exposing cultured macrophages to ischemia in a sealed chamber, and then re-exposing them to levels of oxygen found in room air (21%) Reducing the level of oxygen to 1.5% from the usual 21% produces a significant hypoxic insult. This corresponds to a partial pressure of oxygen of 10 mm

Hg. Measuring the effect of therapeutic agents on hypoxia-challenged cell lines, will provide further evaluation of their possible therapeutic effectiveness. Several significant preliminary observations have been made.

- a. Cells grown in hypoxia grow at a rate about 15% less than cells in normoxia for 24 hours, and their growth slows markedly thereafter as compared with normoxic controls.
- b. Adenosine triphosphate (ATP) levels within the cells were measured using a luciferase assay. Data indicates that ATP in cells left chronically ischemic for up to 24 hours have the same ATP content per cell as cells grown in normoxia,
- c. Hypoxia produces a differential response to iNOS. Ischemic cells show an increase in mRNA for iNOS (by RT-PCR), but no increase in nitric oxide activity, and no increase in protein content (by Western blot).
- d. Studies strongly suggest that stress-induced modifications of host responses are associated with a change in the proteolytic subunits of the multifunctional cellular proteasome. This was confirmed in the hypoxic macrophage model, in which the chymotrypsin-like activity, but not the trypsin-like or post-glutamate activities, was increased in hypoxia. Further, this change in activity was found to be responsive to changes in arginine concentrations.
- e. In analyzing the protein subunits that comprise the proteasome, we found over-expression of LMP2 protease as compared with constitutively-expressed X protease. Moreover, this over-expression was responsive to changes in arginine concentrations. In the Western blot below, bands reflect relative levels of LMP2 protease and the numbers indicate the arginine concentration in culture media. Levels of LMP2, for example, appears to be highly responsive to the concentration of arginine.



This appears to be dependent upon which agent is employed, as LMP2 levels are not responsive to varying the concentration of glutamine. Allopurinol has not yet been tested.

- f. The proteasome is central to many of the cell's immune functions, and to its response to inflammatory stimuli, including MHC-directed antigen presentation and regulation of cytokine production. Arginine concentration appears to be important in regulation of proteasomal activity. This underscores the concept that we expect to develop to maturity in further research, namely that changes in levels of arginine and/or glutamine at the level of the cell can profoundly affect the inflammatory response at the cellular level through changes in the proteasome.
- g. Grant funding to carry this line of research further is being sought. In addition, expansion is planned to the study of intestinal epithelial cells (Caco2) and to hepatic cells (HEP-4).

Research objective #3: Assess gene expression in patients treated with current initial resuscitation protocols. Deliverable: Coordinated with objective #1, A panel of genes

that are reproducibly altered in white blood cells and in liver and muscle by shock and resuscitation.

1. The experimental protocol was approved by the Institutional Review Board of the University of Missouri – Kansas City. It was reviewed and approved by the Human Research Protection Office (HRPO), Office of Research Protections (ORP), U.S. Army Medical Research and Materiel Command (USAMRMC).
2. Under this protocol, blood samples were taken from patients arriving in the trauma center who are injured severely enough to exhibit blood loss or signs of hypovolemia. Blood samples were collected within one hour following resuscitation, again at 24 hours, and at 7 days or time of discharge from hospital, whichever comes first. These samples are then processed to isolate the white blood cells and extract the RNA, and then submitted for microarray analysis. A total of 15 patients have completed the study.
3. Several conclusions can be drawn. First, the genomic response is maximal at the first hour following resuscitation, with progressively less response at 24 hours and at 7 days or discharge day. Second, there is broad response across the genome, but large responses (four-fold up or down) are confined to a relatively smaller group of genes. Third, many of the genes involved in inflammation are highly up-regulated following trauma.
4. There have been a number of limitations to this study. First, the requirement for obtaining informed consent for the study has limited enrollment to patients with only mild to moderate trauma and blood loss. A further limitation is that only those patients whose mental faculties are intact can participate in the consent process. It has not been possible to enroll patients with severe shock, because there is no time for an adequate informed consent before the patient must be taken to the operating room. Typical time from emergency department admission to operating room is around 10 minutes in severely injured patients. Second, sample processing has been difficult, because the method initially used for white blood cell isolation was time-consuming and technically difficult. Since many patients arrive at night or on weekends, it has been difficult to carry out the processing. However, a commercially available white blood cell isolation system has been introduced. (LeukoLOCK Total RNA Isolation System, Ambion, Austin TX). This system allows the investigators to extract the white blood cells using a simple filter technique, inactivate the cells using a commercial hypertonic preservation agent (RNAlater, Ambion, Austin, TX), and keep the sample refrigerated for several days without degradation or alteration of the mRNA. This has greatly simplified initial processing, and has resulted in good enrollment to the study.
5. Data analysis has been in terms of the initial and 24-hour samples being compared with the 7-day (or discharge) samples. This has been a very useful way to analyze the data, since each patient is, basically, his or her own control. Alternatively, we have analyzed the data by using pooled 7-day samples as controls for the entire group. This has allowed inclusion of several patients who failed to return for the 7-day study. In future research in this area, we propose to obtain samples on a group of 10 normal volunteers, to act as a population control. This group will be selected from hospital and university personnel, from volunteers, and will be selected to match the age and

sex distribution of the trauma patients – i.e., age 20 to 40, 80% men. But this refinement is beyond the scope of the present study.

6. Analysis of the data shows several patterns very similar to the results seen in the rat model. The following table documents twenty genes, all of which appear to be elevated following injury. Of note, several of these are the human equivalents to the genes found to characterize the response to shock and injury in the rodent model.

<i>Gene</i>	<i>Protein and function</i>
ALOX5	Arachidonate 5-lipoxygenase (cytoplasmic enzyme)
B3GALT3	Membrane-bound galactotransferase enzyme
B3GNT1	Galactotransferase enzyme
CA4	Carbonic anhydrase 4; cell surface bound enzyme
CLEC4D	C-type lectin domain family 4; regulatory protein
CXCL5	Chemokine (C-X-C motif) ligand 5, chemokine, cytokine
F5	Coagulation factor, membrane receptor
GPR30	G-coupled membrane estrogen receptor
HSPA1B	Heat shock (70kDa) protein 1b
HSPA6	Heat shock (27kDa) associated protein 6
IL1RN	Interleukin 1 receptor antagonist
IMP3	Small nucleolar riboprotein
JAK2	Janus kinase 2; JAK-STAT pathway
PLAUR	Plasminogen activator; urokinase membrane receptor
PTGFR	Prostaglandin F receptor
SLC1A3	Glutamate aspartate membrane transporter
SOCS3	STAT-induced STAT inhibitor; cytokine regulatory protein
ST3GAL6	Membrane glycosyltransferase enzyme
THEDC1	S-acyl fatty acid synthase thioesterase
TNFSF13B	Tumor necrosis factor ligand (TNF superfamily); cytokine
TREML4	Immunoglobulin trans-membrane receptor

Research objective #4: Assess the response of patients to administration of modified resuscitation procedures. Deliverable: The effect of the experimental agents upon signature genes, cellular response, and cellular damage in patients.

1. All three potential agents, arginine, glutamine, and allopurinol, have shown improvement in survival in whole-animal models of shock, all can be given intravenously, and all are safe when given to humans in the doses contemplated. However, responding to guidance at the Trauma Portfolio Review (Product Line Review, San Antonio, TX, January 6, 2010), we modified the study to employ only one of the three agents, specifically glutamine. It was felt by the review panel that trying to study all three agents initially would result in data which would be difficult to interpret, and would not be approved by the Human Research Protection Office (HRPO). Nor, it was noted, would such a study be useful for possible subsequent FDA submission. After carefully reviewing our previous work and the relevant literature, we selected glutamine for human use. It should be noted that none of these

three agents have been used clinically in post-injury treatment before. However, glutamine has been used more extensively than either of the other two agents in critically ill patients. Optimal dosage has already been established by other investigators, and it would seem reasonable to use the most-used agent for this novel application.

2. Our intent is to evaluate the response of patients to glutamine as a component of resuscitation, using a prospective, randomized, double-blind model, and to study the response in terms of inflammatory genes.
3. The study has been approved by the Institutional Review Board of the University of Missouri - Kansas City, and has been approved by the Human Research Protection Office (HRPO), Office of Research Protections (ORP), U.S. Army Medical Research and Materiel Command (USAMRMC). It has been re-submitted to the UMKC IRB for final approval prior to entering patients. This approval was granted, and has been begun.
4. To complete this portion of the study, we are requesting a no-cost extension of the contract for 1 more year. While no funding remains in the contract, this study can be supported by other funding within the Shock Trauma Center.

REPORTABLE OUTCOMES

PUBLICATIONS AND PRESENTATIONS (Italized items in previous reports)

1. Yang R, Tan X, Thomas AM, Shen J, Qureshi N, Morrison DC, Van Way CW 3rd. *Crocetin inhibits mRNA expression for tumor necrosis factor-alpha, interleukin-1-beta, and inducible nitric oxide synthase in hemorrhagic shock. JPEN J Parenter Enteral Nutr.* 2006 Jul-Aug;30(4):297-301.
2. Yang R, Tibbs BM, Chang B, Nguyen C, Woodall C, Steppacher R, Helling T, Van Way CW 3rd. *Effect of DHEA on the hemodynamic response to resuscitation in a porcine model of hemorrhagic shock. J Trauma.* 2006 Dec;61(6):1343-9.
3. Yang R, Van Way CW III, Tan X, Thomas A, Shen J, Steppacher R, Qureshi N, Morrison DC. *Alanine-glutamine dipeptide inhibits expression of inflammation-related genes in hemorrhagic shock. Clinical Nutrition Week of the American Society for Parenteral and Enteral Nutrition, Dallas. February 12-15, 2006. (Oral presentation). Clinical Nutrition week,. 2006, p145. (Abstract of Distinction)*
4. Thomas A, Yang R, Van Way CW III, Quresh N. *A Preliminary micro-array study of the response to hemorrhagic shock and to therapy with crocetin and alanine-glutamine dipeptide. Kansas City Area Life Sciences. March 30, 2006. Kansas City Life Sciences. 2006, p163. (Abstract)*
5. Yang R, Van Way CW III, Tan X, Thomas AM, Shen J, Steppacher R, Qureshi N, Morrison DC. *Alanine-glutamine dipeptide inhibits inflammatory mediator genes in hemorrhagic shock. Kansas City Area Life Sciences. March 30, 2006. Kansas City Life Sciences. 2006, p153. (Abstract)*
6. Yang R, Thomas A, Tan X, Landis M, Qureshi N, Morrison D, Van Way CW III. *Hemorrhagic shock in the rat: comparison of femoral and carotid techniques. Twenty-ninth Annual Conference on shock. Broomfield, Colorado. June 3-6, 2006. Shock. 25:S97,2006. (Abstract)*
7. Yang R, Yan X, Thomas AM, Steppacher R, Qureshi N, Morrison DC, Van Way CW 3rd. *Alanine-glutamine dipeptide inhibits expression of inflammation-related genes in hemorrhagic shock. JPEN J Parenter Enteral Nutr.* 2007 (Jan-Feb) 31(1):32-6.
8. Yang R, Martin L, Woodall C, Thomas AM, Qureshi N, Morrison DC, Van Way CW III. *Administration of glutamine following hemorrhagic shock restores cellular energy, reduces cell apoptosis and damage, and increases survival. JPEN J Parenter Enteral Nutr.* 31:94-100,2007.
9. Pontes-Arruda A, Van Way CW III. *Feeding During Sepsis: What Works, What Doesn't. Clinical Nutrition Week of American Society of Parenteral and Enteral Nutrition, Jan 27-31, 2007 (Phoenix, Arizona). (Presentation and abstract)*
10. Smit J, Kaltashov IA, Cotter RJ, Vinogradov E, Perry MB, Haider H, and Qureshi N.

Structure of a novel lipid A obtained from the lipopolysaccharide of Caulobacter crescentus. Innate Immunity Feb 14:25-36, 2008.

11. Rallabhandi P, Awomyl A, Thomas KE, Phalipon A, Fujimoto Y, Fukase K, Kusumoto S, Qureshi N, Szein MB, Vogel SN. Differential activation of human TLR4 by *Escherichia coli* and *Shigella flexneiri* 2a lipopolysaccharide: Combined effects of lipid A acylation state and TRL4 polymorphisms on signaling. *J. Immunol Jan* 180:1139-1147, 2008.
12. Yang, R, Tan X, Kenney RJ Jr, Thomas AM, Landis M, Qureshi N, Morrison DC, Van Way CW III. Hemorrhagic Shock in the Rat: Comparison of Carotid and Femoral Cannulation. *Journal of Surgical Research*, 144:124-126, 2008.
13. Qureshi N, Reis J, Shen J, Monaco JJ, Papasian CJ, Qureshi AA, Vogel SN, and Morrison DC. Cutting Edge: Differential regulation of LPS-induced TNF and NO by proteasomes. (Shock, reviewed, acceptable after changes) 2008.
14. Rockwell CE, Morrison DC, and Qureshi N. Lipid A mediated Tolerance and Cancer therapy. In *Tolerance in Cancer Therapy*. (Invited Chapter, in press) 2008.
15. Reis J, Tan X, Yang R, Qureshi AA, Papasian CJ, Vogel SN, Morrison DC and Qureshi N. Use of proteasome inhibitors for septic shock. *J Endotoxin Research* (reviewed, acceptable after changes, Invited Article) 2008.
16. Van Way CW, Harris WS, Yang R, Almenoff M, Xu D, Vernon K, Thomas AM, Qureshi N, Morrison DC. Fish oil feeding modulates inflammation in a rat model of hemorrhagic shock. ISSFAL 2008 (8th meeting of the International Society for the Study of Fatty Acids and Lipids) May 17-22, 2008. (Kansas City, MO) (Presented by C. Van Way)
17. Van Way, CW Yang R, Vernon K, Qureshi N, Morrison D, Smith P. Gene Activation In White Blood Cells Following Arginine Administration In A Model Of Hemorrhagic Shock. American Society for Parenteral and Enteral Nutrition, Nutrition Week, Feb 1-4, 2009. (New Orleans, LA) (Presented by C. Van Way)
18. Yang, R, Tan X, Kenney RJ Jr, Thomas AM, Landis M, Qureshi N, Morrison DC, Van Way CW III. Hemorrhagic Shock in the Rat: Comparison of Carotid and Femoral Cannulation. *Journal of Surgical Research*, 144:124-126, 2008.
19. Van Way CW III. New Treatments for Hemorrhagic Shock, and Emerging Trends in Parenteral Nutrition: An Evidence-Based Approach. Visiting Professor Presentation, Division of Trauma, Critical Care, and Acute Care Surgery, University of Michigan School of Medicine. December 16, 2009.
20. Van Way, CW Vernon K, Qureshi N, Morrison D. Influence of Arginine upon Hypoxia-Induced Changes in Proteasomal Structure and Function in RAW 264.7 Cells. American Society for Parenteral and Enteral Nutrition, Nutrition Week, Feb 8-12, 2010. (Las Vegas, NV) (Presented by C. Van Way)

21. Yang R, Harris WS, Vernon, K, Thomas AM, Qureshi N, Morrison DC, Van Way CW III. Pre-Feeding with Omega-3 Fatty Acids Suppresses Inflammation Following Hemorrhagic Shock. *Jour Parent Ent Nutr*, 34:496, 2010.
22. Yang R, Vernon K, Thomas AM, Qureshi N, Morrison DC, Van Way, CW III. Crocetin Reduces Apoptosis and Improves Survival in Experimental Hemorrhagic Shock. *Jour Parent Ent Nutr*, 35:107, 2011.
23. Van Way, CW Vernon K, Qureshi N, Morrison D. Influence of Arginine upon Hypoxia-Induced Changes in Proteasomal Structure and Function in RAW 264.7 Cells. American Society for Parenteral and Enteral Nutrition, Nutrition Week, Feb 8-12, 2010. (Las Vegas, NV) (Presented by C. Van Way)
24. Van Way, CW III. The proteasome as a proposed locus for nutrient modulation of gene expression.. European Society for Clinical Metabolism and Nutrition (ESPEN), 5-8 September, 2010 (Nice, France).
25. Van Way, CW III. Use of Nutrients in Resuscitation from Shock. FELANPE, Federation Latinoamericana de Terapia Nutricional, Nutrition Clinica, y Metabolisma. October 5, 2011. (Asuncion, Paraguay)
26. Yang, RL, Vernon K, Joseph S, Qureshi N, Morrison DM, Smith, P, Van Way, CW 3rd. Pathway Analysis of Gene Activation in White Blood Cells Following Arginine Administration in A Model of Hemorrhagic Shock. Submitted JPEN
27. Van Way CW 3rd, Vernon K, Qureshi N, Morrison DM. Hypoxia Induces Release of Inflammatory Mediators Together with Changes in Proteasomal Structure and Function in RAW 264.7 Cells. In preparation.

CONCLUSION

This study has rested on two basic hypotheses. The first is that agents given during and (for a short period of time) after resuscitation can favorably influence the response to hemorrhagic shock and injury. The second is that studies of gene response studies, specifically microarray and RT-PCR studies, could be used to assess the response of patients being treated for injuries to such therapeutic agents.

To date, both hypotheses have been shown to be true in the animal model. Work continues to determine optimum therapeutic agents to be used during and after resuscitation. In addition, development has begun on a multiple-gene RT-PCR assay incorporating a group of signature genes that have been identified as uniquely responsive to shock and therapy. Development of this assay will greatly simplify future work in this area, both in our laboratories and in those of other investigators.

Studies are ongoing to validate these hypotheses in patients. During the next year, which will be a no-further-cost extension of the contract, we will subject the use of glutamine to preliminary clinical trial.

We anticipate final completion of the proposed research over the next year.

REFERENCES

1. Allan G, Cambridge D, Van Way CW, Whiting M: The protective action of allopurinol in an experimental model of haemorrhagic shock and reperfusion. *British J of Pharmacol*, 1986; 89:149-155.
2. Van Way, CW III, Dhar, A, Reddy R, Evans, L, Wogahn B, Helling TS. Changes in Adenine Nucleotides during Hemorrhagic Shock and Reperfusion. *Jour. Surg. Res.* 1996; 66:159-66.
3. Chang CG, Van Way III CW, Dhar A, et al. The use of insulin and glucose during resuscitation from hemorrhagic shock increases hepatic ATP. *J Surg Res* 2000; 92: 171-176.
4. Dhar A, Kujath S, Van Way III CW. Glutamine administration during total parenteral nutrition protects liver adenosine nucleotides during and after subsequent hemorrhagic shock. *Jour Parent Ent Nutr* 2003;27:246-251.
5. Van Way III CW, Dhar A, Morrison DC, et al. Cellular energetics in hemorrhagic shock: restoring adenosine triphosphate to the cells. *J Trauma* 2003; 54(Suppl): S169-176.
6. Helling, TS, et. al., Van Way, CW III. The Effect of Prostaglandin E1 upon Liver Adenine Nucleotides and Cytoplasmic Enzymes in a Porcine Model of Normothermic Hepatic Ischemia. *Hepatology* 1995; 22:1554-1559.
7. Yang R, Tibbs BM, Chang B, Nguyen C, Woodall C, Steppacher R, Helling T, Van Way CW 3rd. Effect of DHEA on the hemodynamic response to resuscitation in a porcine model of hemorrhagic shock. *J Trauma*. 2006; 61:1343-9.
8. Yang R, Harris WS, Vernon, K, Thomas AM, Qureshi N, Morrison DC, Van Way CW III. Pre-Feeding with Omega-3 Fatty Acids Suppresses Inflammation Following Hemorrhagic Shock. *Jour Parent Ent Nutr*, 34:496, 2010.
9. Dhar A, Yang R, Gao JJ, et al. The role of inflammatory transcription factors on apoptosis following hemorrhagic shock. *FASEB J*, 2003; 17; Abstract #668.14.
10. Qureshi N, Vogel SN, Van Way III, Papasian C, Qureshi A, Morrison DC. The proteasome, a central regulator of Inflammation and macrophage function. *Immunologic Research Immunologic Research* 2005;31/3:243-260.
11. Qureshi AA, Qureshi N, Kim M, and Porter JW. (1974) The isolation, purification and characterization of cis- β -carotene and demonstration of its conversion to acyclic, monocyclic and dicyclic carotenes by a soluble enzyme obtained from the plastids of tangerine tomato fruits. *Arch. Biochem. Biophys.* 162:117-125, 1974.
12. Qureshi AA, Andrews AG, Qureshi N, and Porter JW. (1974) The enzymatic conversion of cis-[^{14}C]phytofluene, trans-[^{14}C]phytofluene, and trans-[^{14}C]- β -carotene

to more unsaturated acyclic, monocyclic and dicyclic carotenes by a cell-free preparation of red tomato fruits. *Arch. Biochem. Biophys.* **162**:93-107.

13. Qureshi AA, Kim M, Qureshi N, and Porter JW. (1974) The enzymatic conversion of cis-[¹⁴C]phytofluene, trans-[¹⁴C]phytofluene, trans-[¹⁴C]- β -carotene to poly-cis-acyclic carotenes, by cell-free preparations of tangerine tomato fruit plastids. *Arch. Biochem. Biophys.* **162**:108-112.
14. Qureshi AA, Huanbiao M, Packer L, Peterson DM. (2000) Isolation and identification of novel tocotrienols from rice bran with hypocholesterolemic, antioxidant, and antitumor properties. *J. of Agri. & Food Chem.*, **48**:3130-3140.
15. Qureshi N, Kaltashov, Walker K, Doroshenko V, Cotter RJ, Takayama K, Sievert TR, Rice PA, Golenbock DT. (1997) Structure of the monophosphoryl lipid A moiety of lipopolysaccharide from *Chlamydia trachomatis*. *J Biol Chem* **272**:10594-10600.
16. Qureshi N, Qureshi AA. (1993) Tocotrienols, novel hypocholesterolemic agents with antioxidant properties. In: Packer L, Fucks J, (eds), *Vitamin E in Health and Disease*, Marcel Dekker, Inc., New York, pp 247-268.
17. Qureshi AA, Mo H, Packer L, and Peterson DM. (2000) Isolation and identification of novel tocotrienols from rice bran with hypocholesterolemic, antioxidant, and antitumor properties. *J. Agri. & Food Chem.* **48**: 3130-3140.
18. Tarantilis PA, Morjani H, Polissiou M, Manfait M. (1994) inhibition of growth and induction of differentiation of Promyelocytic leukemia (HL-60) by carotenoids from *C. Sativus L.* *Anticancer Res.* **14**:1913-1918.
19. Yang, R, Tan X, Kenney RJ Jr, Thomas AM, Landis M, Qureshi N, Morrison DC, Van Way CW III. Hemorrhagic Shock in the Rat: Comparison of Carotid and Femoral Cannulation. *Jour of Surg Res*, 144:124-126, 2008.
20. Yang R, Yan X, Thomas AM, Steppacher R, Qureshi N, Morrison DC, Van Way CW 3rd. Alanine-glutamine dipeptide inhibits expression of inflammation-related genes in hemorrhagic shock. *JPEN Jour Parent Ent Nutr.* 2007 (Jan-Feb) 31(1):32-6.
21. Yang R, Martin L, Woodall C, Thomas AM, Qureshi N, Morrison DC, Van Way CW III. Administration of glutamine following hemorrhagic shock restores cellular energy, reduces cell apoptosis and damage, and increases survival. *Jour Parent Ent Nutr.* 31:94-100,2007.
22. Yang R, Tan X, Thomas AM, Shen J, Qureshi N, Morrison DC, Van Way CW 3rd. Crocetin inhibits mRNA expression for tumor necrosis factor-alpha, interleukin-1-beta, and inducible nitric oxide synthase in hemorrhagic shock. *Jour Parent Ent Nutr* 2006 Jul-Aug;30(4):297-301.

Appendix A: Manuscript submitted to Jour Parent Ent Nutr

**Gene Activation in White Blood Cells Following Arginine Administration
for Experimental Hemorrhagic Shock**

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Précis: Arginine administration significantly influences gene activation following expe-
rimental hemorrhagic shock.

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Keywords: arginine, hemorrhagic shock, gene activation, cytokine, signaling pathway

Abstract

Introduction: Administration of L-arginine has been shown to significantly modify the host inflammatory response to stress in rats. This study was carried out in an experimental animal model of hemorrhagic shock to determine the therapeutic benefit of L-arginine as an addition to a standard resuscitation regimen in increasing survival by modulation of inflammatory gene activation.

Methods: To assess survival after hemorrhagic shock, 40 Sprague-Dawley male rats (300 gm) were subjected to 90 minutes of shock at 25 mm Hg, then resuscitated over 30 minutes with 6 ml/kg Ringer's lactate (LR) either with or without added L-arginine (300 mg/kg). To evaluate host inflammatory gene responses, 16 rats were divided into 4 groups (sham, shock alone and shock resuscitated with Ringer's lactate with or without arginine). A 30 minute shock period was used (This is inconsistent with the previous statement which indicates 90 minutes!). In the resuscitation groups, 28 ml/kg Ringer's lactate was administered over 30 minutes, with or without L-arginine at a concentration of 300 mg/kg. At baseline and 30 and 240 minutes post resuscitation, blood was drawn, white cells isolated, RNA extracted, and microarray analysis carried out.

Results: Survival was significantly improved in the L-arginine-treated group of rats relative to control resuscitation treated animals. Survival (24 hours) in the rats in the control and L-arginine groups was 9/20 and 16/20 ($p < 0.05$) respectively. In the microarray studies, significant gene activation within 26 separate canonical pathways was detected in shock rats resuscitated with Ringer's lactate. Inclusion of L-arginine in the resuscitation fluid was reproducibly associated with increased levels of gene activation in 5 additional pathways and decreased levels of activation in 6 pathways: A group of 20

1 'signature' genes was identified that may reflect improved host responsiveness to the-
2 rapeutic intervention and survival. .

3 **Conclusions:** Administration of L-arginine with resuscitation fluids improved survival
4 from lethal hemorrhagic shock. Results of analysis of gene activation indicate that ar-
5 ginine differentially affects 11 metabolic and signaling pathways, as compared with
6 controls suggesting a potential correlative relationship with survival.

1 Introduction

2 L-Arginine appears to play a critical role in the development/regulation of the host
3 inflammatory response to stress or trauma. It is a nitrogen donor in a number of bio-
4 synthetic reactions. It also serves as the substrate for inducible nitric oxide synthase,
5 which is intimately involved in the development of an inflammatory response and is
6 upregulated in response to a number of stressful stimuli. L-Arginine deficiency impairs
7 nitric oxide (NO) synthesis, both in normal animals and in animals challenged with lipo-
8 polysaccharide (LPS).¹ In this respect, there is strong evidence that the decreased
9 availability of L-arginine correlates with reduced levels of expression of the inducible ni-
10 tric oxide synthase (iNOS) enzyme, probably through reduced levels of translation of
11 mRNA for iNOS.² L-Arginine appears to be involved directly in regulation of iNOS ac-
12 tivity, and is more than just as a substrate for the production of NO.³

13 Previous research on the potential therapeutic use of L-arginine as an adjunct to
14 resuscitation in experimental hemorrhagic shock is somewhat sparse,⁴⁻¹⁰ but results of
15 the available literature collectively allow the conclusion that L-arginine supplementation
16 can be beneficial in ameliorating the tissue damage produced following experimental
17 hemorrhagic shock. In the present investigation, we have critically evaluated the contri-
18 bution of L-arginine as a potentially beneficial component of the resuscitation fluid in an
19 experimental rat model of hemorrhagic shock. Our studies were designed to test two
20 hypotheses. First, L-arginine supplementation during resuscitation will improve survival
21 from lethal hemorrhagic shock. Second, the overall patterns of gene expression ob-
22 served in white blood cells following shock will be reflective of changes in metabolic and
23 signaling pathways primarily affected by shock and resuscitation that are significantly

- 1 influenced by treatment with L-arginine. We postulate that the latter may potentially al-
- 2 low identification of host genes that may significantly influence survival from lethal
- 3 shock.
- 4

Materials and Methods

Experimental Hemorrhagic Shock

Gene Expression Studies: Male Sprague-Dawley rats, 280-300 gm were purchased from Charles River, Inc (Boston, MA.) Animals were anesthetized with isoflurane (Baxter Healthcare, Deerfield, IL), using a standard vaporizer (SurgiVet, Inc. Waukesha, WI). Oxygen was administered at 3L/min. Using aseptic technique, the femoral artery and vein were cannulated using Polyethylene catheters (PE50; Clay Adams, Becton Dickinson and Company, Sparks, MD). Blood pressure and heart rate were monitored continuously by connecting the femoral artery catheter to a pressure transducer and computerized system (Digi-Med, Micro Med Inc, Louisville, Kentucky), with continuous monitoring. An initial blood sample was taken for analysis, and then shock was produced by withdrawing blood from the femoral artery until the mean arterial pressure (MAP) was 25 mm Hg. Blood pressure was maintained at 25-30 mm Hg for 30 minutes. Depending on the experimental group (see below), resuscitation was carried out by infusing 21 ml/kg Ringer's lactate (LR) over 30 minutes, either with or without supplemental L-arginine, 300 mg/kg. Racemic LR solution was used (Hospira, Inc, Lake Forest, IL). L-arginine was added to the LR in powdered form (Acros Organics, New Jersey), using filtration to sterilize. Following this, half of the animals were kept anesthetized for 30 minutes, and then sacrificed by aortic transection after obtaining a blood sample. The other half of the animals had the catheters removed and incisions closed, and then were allowed to waken. At four hours post shock, they were re-anesthetized using Isoflurane, a blood sample was drawn, and they were sacrificed by aortic transection.

Experimental protocol, gene studies: The rats were randomized into four groups; Sham Group, Shock Group, Shock and lactated Ringers(LR) Resuscitation Group, and Shock and lactated Ringer's with L-ArginineResuscitation Group as described above. The table below indicates the numbers of animals successfully analyzed in each group.

Experimental Group	Baseline	30 minutes	4 hours
Sham	4	3	3
Shock	4	3	3
Shock and LR	5	3	3
Shock, LR and Arginine	3	4	4

Lethality Studies: In order to determine if L-arginine used during resuscitation affected overall survival, a separate group of animals was studied. Male Sprague-Dawley rats, 280-300 gm were used (n= 20 per group). Anesthesia and initial surgical preparation were as described above. The animals were subjected to 90 minutes of shock with a mean blood pressure of 20 mmHg. Resuscitation was as described above, by infusing 21 ml/kg Ringer's lactate (LR) over 30 minutes, either with or without supplemental L-arginine, 300 mg/kg. At the conclusion of the resuscitation phase, the catheters were removed, the incisions closed, and the animals were allowed to awaken from anesthesia. They were then observed for the next 72 hours, with the end point of the experiment being non-survival. After that, the surviving animals were sacrificed.

RNA Preparation and Probe synthesis.

Whole blood specimens were collected from individual rats following the protocols summarized above in EDTA. Contaminating red blood cells (which lack significant amounts of RNA) were lysed to facilitate their separation from the white blood cells and remove contaminants, including heme and protein. RNA extraction was carried out using the Versagene RNA purification kit (Gentra Systems, Minnesota, USA) using the

1 Protocol for 'RNA Purification' from 3.0-10.0 ml Whole Blood or Buffy Coat Containing
2 12-70 million White Blood Cells. The resulting RNA was confirmed to be essentially free
3 of genomic DNA, protein and other (Other than what?) enzymatic inhibitors.

4 Total RNA was purified with Versagene RNA purification Kit by first adding the
5 white blood cells to a detergent/salt solution to lyse and homogenize the cells and elimi-
6 nate potential endogenous RNase activity. Homogenization disrupts the cell mem-
7 branes releasing RNA into the lysis solution, and shears the genomic DNA decreasing
8 the viscosity of the lysate. Whole blood lysates from blood volumes greater than 3.0 ml
9 were then passed through the Gentra PRECLEAR column to remove the remaining
10 debris after homogenization. Next, the lysates were applied to the purification column to
11 bind the RNA and wash away proteins, DNA and other contaminants. Residual DNA
12 was removed by an on column DNase treatment and then the DNA fragments and
13 DNAase were removed by subsequent washing steps. Finally, the purified RNA was
14 eluted with DEPC-treated water. The extracted RNA was stored at -80 degrees until
15 used for experiments.

17 **Array Hybridization**

18 Samples for analysis of gene expression levels were processed using the Af-
19 fymetrix standard Target Labeling Protocol, and were carried out at the Microarray facili-
20 ty at University of Kansas Medical Centre (KUMC). Prior to experiments, all RNA sam-
21 ples were analyzed for RNA quality and quantity using the Agilent 2100 Bioanalyzer.

22 The RNA was initially annealed using T7(dT)₂₄ primer, which was then reverse
23 transcribed into cDNA using the Superscript Choice system (Invitrogen). After the first

1 and second strand synthesis, the cDNA extraction was carried out followed by Phase
2 Lock Gel separation (Brinkman Instruments/Eppendorf) and then by DNA precipitation.
3 Invitro-Transcription Biotin Labeling was achieved using the GeneChip Expression 3'-
4 Amplification IVT Labeling kit. The cRNA generated from either IVT labeling reaction
5 was purified using RNeasy RNA Purification Mini kit (Qiagen) using the RNA Cleanup
6 Protocol according to the manufacturer's instructions. The Biotin- labeled cRNA was
7 quantitated using 260nm/280nm spectrophotometric assays.

8 The GeneChip was pre-hybridized with 200ul 1x Hybridization buffer at
9 45C for 10min at 60rpm. Then 200ul denatured Hybridization cocktail was applied to
10 the GeneChip, which was then hybridized for 16 hr at 45C and 60rpm in the GeneChip
11 Hybridization Oven 640. Hybridized GeneChips undergo low and high stringency wash-
12 ing and R-Phycoerythrin-Streptavidin staining procedures using the GeneChip fluidics
13 station 450.. Scanning was conducted using the Agilent Gene Array Scanner. 1x scans
14 were conducted for the GeneChip Expression 3'-Amplification IVT Labeling using a Pix-
15 el value = 3um and wave length of 570nm. Absolute and comparison analysis were
16 conducted using the following settings

17 Scaling - All Probe Sets: Target Signal = 500

18 Normalization – User Defined: Scale Factor = 1

19 Data Quality Control Analysis was done using Affymetrix GeneChip operating software
20 (GCOS).

21 **Data Analysis**

The estimates of the potential networks involved and functional analyses were evaluated using the Ingenuity Pathways Analysis (Ingenuity Systems, www.ingenuity.com).

Network Analysis Generation

1. Generation of the Data Set.

The data set containing gene identifiers and corresponding Expression Values were uploaded into the Ingenuity Pathways software application. An Expression Value is defined as a numerical value that indicates the extent of activity (or relative importance) of each component (specific gene expressed) of the pathway being queried. We used 'ratio' as the expression value type. Each gene identifier was mapped to its corresponding gene object in the ingenuity Pathways Knowledge Base. A ratio threshold of 3.0 was established to distinguish genes whose level of expression was significantly differentially regulated relative to controls. These genes, called focus genes, were overlaid onto a global molecular network developed from information contained in the Ingenuity Pathways Knowledge Base. Networks of these focus genes were then algorithmically-generated, based on the extent of their connectivity.

2. Functional Analysis of the Entire Data set.

The Functional Analysis approach was used to identify the biological functions and /or associated disease states that were most significant with respect to the observed data set. Only those individual genes from the data set that satisfied the threshold cut off of 3, and were associated with biological functions and/or disease state of the Ingenuity Pathways Knowledge Base were subsequently considered for analysis. Fischer's exact test was used to calculate p – value determining the probability that

each biological function and /or disease state assigned to that data set was due to chance alone

3. Canonical Pathway Analysis:

Canonical pathways are well-characterized metabolic and cell signaling pathways. Using the Ingenuity Pathways analysis library, the canonical pathways that most significantly correlated with the generated data set. Genes from the data set that satisfied the threshold ratio cut off of 3 and were associated with a canonical pathway in the Ingenuity Pathways Knowledge Base were considered for analysis. The significance of the extent of the association between the actual data set and the specific canonical pathway was evaluated in 2 ways. First, the ratio of the number of genes identified to be significantly regulated and that map to a specific canonical pathway was displayed. Second, Fischer's exact test was used to calculate a p-value determining the probability that the observed association between the identified genes in the data set and a specific identified canonical pathway could be explained by chance alone.

Results

1. Survival following hemorrhagic shock by treatment with L-arginine

We first assessed the extent to which administration of L-arginine in the resuscitation fluid (Ringer's Lactate) would promote overall survival up to 72 hours post-shock. Survival was observed to be 80% in the group of rats administered L-arginine as compared with 45% in the control group of rats ($p < 0.05$). Survival at 72 hours was 60% versus 30% ($p = 0.06$) respectively. Differences between the groups of rats in weight, cannulation time, and amount of blood loss were small and non-significant (Table I). The rats

in the L-arginine group showed a small, but non-significant, increase in the return of blood pressure at the end of resuscitation (Figure 1). We conclude the inclusion of L-arginine in the resuscitation fluid has a statistically significant early beneficial and protective effect against mortality following hemorrhagic shock

2. Gene Activation Following Shock and Resuscitation- effect of L-arginine

To correlate changes in survival with events occurring at the molecular level, we monitored the rat genome for changes in level of expression of genes activated in response to hemorrhagic shock and reperfusion. The microarray analysis used in this study allowed us to monitor 31,099 genes that were either up- or down-regulated in peripheral blood mononuclear cells following shock and resuscitation. As summarized by the data in Table II, it is clear that even the sham surgical procedure provided a strong stimulus in modulation of the gene response in peripheral blood mononuclear cells. Nevertheless, the overall pattern of the rat host response to hemorrhagic shock that remained untreated, and to hemorrhagic shock followed by either type of resuscitation was qualitatively similar at least as assessed quantitatively by the total number of genes affected.

3. Pathway analysis of relative Gene Expression

In order to provide more insight into exactly which genes were affected by the hemorrhagic shock treatment and subsequent intervention, detailed analysis of the canonical pathways was undertaken. This type of analysis allows information on the various metabolic and signaling pathways that are affected by the shock to be determined as well as on the consequences of treatment with lactated Ringers supplemented with arginine relative to lactated Ringer's alone. The most affected pathways at both the 30 minute and 4 hour post shock treatment periods are summarized in Table III and

support the conclusion that L-arginine affects multiple pathways leading to the observed protective effects.

Analysis of the specific effects of L-arginine on individual genes carried out using network analysis profiles. These were constructed for each of the several major pathways, using different color-coding for up-regulation and down-regulation. From these profiles, analyses of the activation signaling pathways for a number of the major cytokines were carried out and a detailed listing is presented in Table IV. Table IV includes only those genes that had a fold change of more than threefold and a differential of more than threefold from that of the shock group. These analyses, based as they are on the analysis of only a relatively small number of animals, need to be regarded as qualitative profile rather than a quantitative representation. Nevertheless, as expected, given the prominent role of inflammation in mediating much of the post resuscitation damage to tissues observed following shock, many of the gene expression profiles influenced by L-arginine are associated with inflammatory cytokines and/or acute phase responses.

Discussion

The results of the studies outlined in this manuscript are fully consistent with the perspective that a critical time following hemorrhagic shock is the period during which the patient is being resuscitated, a time at which a massive stimulation of the inflammatory response occurs which, in turn, produces the cellular and organ damage that is so deleterious to organ function.^{8,9} The administration of L-arginine provides protection against these deleterious effects. As suggested by the results of the detailed microarray studies, the manifestations of these protective effects are reflected by changes in the

1 extent of activation of proinflammatory genes. The mechanisms by which these protec-
2 tive effects are mediated at the level of gene expression remain to be determined.

3 These data support the view, held by many in the field, that so-called “pure” he-
4 morrhagic shock preparations do not exist. Such preparations are, in fact, invariably a
5 combination of trauma and shock. The present shock preparation could be considered
6 as relatively minor from a surgical standpoint, but it still required general anesthesia, a
7 skin incision, muscle dissection, and insertion of indwelling catheters. It can be seen
8 from the data in Table II that even the “sham” animals were associated with changes in
9 the expression of a very large number of genes. Whether this effect could be minimized
10 by pre-placement of the catheters 48 or 72 hours in advance is undetermined. The
11 presence of chronic indwelling catheters and the restraint necessary to carry out the
12 shock procedure would, in any case, be likely to provide stressful stimuli. As the results
13 from this study demonstrate, gene expression is highly sensitive to adverse stimuli, and
14 these definitely include general anesthesia and surgical manipulation.

15 Arginine, as adjunct to resuscitation in the treatment of hemorrhagic shock, has
16 been evaluated by other investigators. Arora, et al, administered L-arginine in a swine
17 model of shock.⁴ The dose used, 300 mg/kg, was the same as used in the present
18 study. The L-arginine-treated animals showed improved arterial pressure, lowered le-
19 vels of lactate, and increased survival relative to controls. Results of a more recent
20 study by Beenyo et al, in a cat model of hemorrhagic shock, demonstrated that L-
21 arginine administration reversed the hepatic vasoconstriction induced by shock.⁵ Na-
22 loxone had a similar effect. They suggested that increased nitric oxide synthesis in re-
23 sponse to L-arginine might be the mechanism.

1 Extensive studies of L-arginine resuscitation in shock were carried out by An-
2 gele, Chaudry, and co-workers.⁶⁻¹⁰ They used the rat model, bleeding to 40 mm Hg in
3 a modified Wiggers preparation, and resuscitation with 300 mg/kg L-arginine (or saline
4 control) in addition to Ringer's lactate at 4 times the volume of shed blood.⁶ Resuscita-
5 tion with L-arginine increased cardiac output and regional perfusion.⁶ L-Arginine ad-
6 ministration reversed shock-induced depression of splenic blood flow, IL-2 and IL-3 re-
7 lease from splenocytes, and splenocyte proliferation.⁷ L-Arginine restored the shock-
8 induced depression of IL-1 β and IL-6 from splenic and peritoneal macrophages, as well
9 as lowering the increased plasma levels of IL-6.⁸ Using a model of wound healing in
10 the mouse, collecting wound immune cells and fluid in polyvinyl sponges, they found
11 that wound immune cells also responded in a somewhat similar fashion. L-Arginine
12 restored the capacity of wound immune wound immune cells to release IL-1 β and IL-6.
13 IL-10 was increased in the wound fluid in animals receiving L-arginine.⁹ In a study of
14 liver injury, L-arginine attenuated the shock-induced increase in plasma glutathione S-
15 transferase (α -GST) and prevented neutrophil infiltration and liver edema.¹⁰

16 There is some evidence that resuscitation with L-arginine can improve wound
17 healing following hemorrhagic shock. A study by Wittmann, Chaudry, Angele, et al, in
18 C3H/HeN mice, showed that resuscitation with L-arginine restored the shock-induced
19 depression of hydroxyproline, a collagen metabolite, and prevented depression of colla-
20 gen I synthesis. The L-arginine-treated mice showed increased wound breaking
21 strength as compared with controls. They concluded that L-arginine resuscitation im-
22 proved wound healing by increasing collagen synthesis.¹¹ Shi, et al, used a rat model,
23 bleeding to 30 mm Hg for 90 minutes, resuscitation with Ringer's lactate at 3 times the

1 volume of shed blood.¹² Wounds were placed after resuscitation, using PVC sponges
2 to collect wound fluid and cells. L-Arginine administration was 1 gm/kg/day intraperito-
3 neal in three divided doses, compared with saline controls. The L-arginine groups
4 showed increased OHP and wound breaking strength as compared with both shocked
5 and unshocked controls. Procollagen I and III mRNA expression was also enhanced by
6 L-arginine administration.¹²

7 Anaya-Prado et al, in a study of nitric oxide, also administered L-arginine at a
8 dose of 300 mg/kg.¹³ They compared Ringer's lactate (RL), alone, and with L-arginine,
9 sodium nitroprusside, or L-N⁶-(1-iminoethyl) lysine (L-NIL, an iNOS inhibitor). Blood
10 pressure recovery was improved in all three experimental groups relative to lactated
11 Ringer's controls. L-Arginine, nitroprusside, and L-NIL all showed a small, but non-
12 significant, improvement in survival as compared with controls. Of greatest significance,
13 all three treatment groups showed less liver necrosis, congestion, and vacuolization,
14 aspartate aminotransferase (AST), and alanine aminotransferase (ALT) relative to con-
15 trols. All treatments were characterized by decreases in levels of circulating cytokines.
16 The only cytokine elevated in the L-arginine group was IL-1 β , and even that was re-
17 duced compared with controls and with the other treatment groups.

18 Other potential benefits of L-arginine have been pursued in various experimental
19 protocols. Preissler et al, for example, carried out experimental lung transplantation;
20 perfusing the excised lung with L-arginine.¹⁴ They had previously noted that transplant-
21 ing a lung from a donor animal subjected to hemorrhagic shock was associated with
22 poor functioning of the transplanted lung. Perfusion of the isolated organ with L-
23 arginine prior to transplantation partially reversed the damage to the transplanted lung

1 produced by prior shock. They postulated that this was due to the amelioration of the
2 ischemia-reperfusion injury produced by the “double hit” of shock followed by excision of
3 the lung.

4 Findings from the present study allow the potential mechanism for the observed
5 protective effects of L-arginine in promoting survival from hemorrhagic shock to be con-
6 sidered in a somewhat different light. In this respect results from previous studies have
7 established that L-arginine is a substrate for iNOS, and any exogenous L-arginine pro-
8 vided to an experimental animal will likely be converted, at least in part, to NO. How-
9 ever, based upon the results of the present studies, it is quite clear that L-arginine has
10 considerably more widespread metabolic effects than simply allowing the generation of
11 nitric oxide. As perhaps might be expected from an amino acid used in every cell in the
12 body, it influences many biologic processes. Our data support the conclusion that L-
13 arginine supplementation can rather profoundly influence the level of gene expression
14 of a relatively large number of metabolic, inflammatory and acute phase genes. Even
15 confining the analysis to the signaling pathways shown in Table IV, the effects are mul-
16 tiple and widespread.

17 Of interest, the findings from the present study showed little evidence for an ef-
18 fect of L-arginine on blood pressure, while confirming the findings of Arora et al in the
19 swine model that L-arginine can improve survival following hemorrhagic shock. This
20 strongly suggests that the effect on blood pressure is not essential to the improvement
21 in survival. On the other hand, the effects on the liver found by Anaya-Prada et al may
22 well be important. It is clear from our data that the hepatic fibrosis and hepatic stellate
23 cell activation pathway were significantly affected by L-arginine, and a number of other

1 affected pathways are found in hepatocytes or in Kupffer cells of the liver. (Table III) In
2 studies of other agents, we have found that recovery of adenosine triphosphate in the
3 liver is prolonged following shock in the rat, requiring up to 48 hours to return to normal
4 levels. We and others have noted that shock is associated with a dramatic decrease in
5 cellular ATP levels in the liver.^{15, 16} With at least three other agents, we have found that
6 improvement in survival and/or decreases in cytokine production are associated with
7 rapid recovery of liver ATP.¹⁷⁻²¹ It appears that a number of interventions that can im-
8 prove outcome from shock also have the beneficial effect of enhancing recovery of liver
9 ATP. Liver ATP, then, may be a marker of recovery rather than a primary cause for it.

10 There is clinical evidence that arginine deficiency may be deleterious in septic
11 shock. A recent study by Gough, et al, found that arginine deficiency as measured by
12 the ration of arginine to dimethylarginines was predictive of mortality in patients with
13 sepsis.²² A meta-analysis by Davis and Anstey showed that plasma arginine concen-
14 tration was markedly decreased in sepsis.²³ Use of arginine has been advocated in sep-
15 tic shock, but with mixed results.²⁴⁻²⁵ While the question remains open, current recom-
16 mendations are that arginine should be used only with caution in septic patients.²⁶ A
17 recent meta-analysis by Drover et al, however, found that the use of L-arginine-
18 supplemented diets in the peri-operative patient decreased both length of stay and inci-
19 dence of post-operative infections.²⁷ Little work has been done to study L-arginine sup-
20 plementation in patients with hemorrhagic shock or with trauma. Some early papers
21 showed encouraging results using L-arginine as one component of a multi-component
22 enteral "immunonutrition" supplement package, but the use of several components in
23 such studies makes it difficult to determine the effects of L-arginine by itself.²⁸⁻³⁰

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Conclusions

The findings of the present study have confirmed and extended previous results by others, showing that L-arginine administered with standards resuscitation fluids during resuscitation from hemorrhagic shock can positively influence survival. The improvement in blood pressure noted by some other investigators was not observed, supporting the conclusion that the mechanism involved in the protective effects of L-arginine are more complex than simple hemodynamic improvement. The results of the microarray analyses of gene response in circulating white blood cells provide further evidence that the effects of L-arginine are widespread. The evidence supports the hypothesis that L-arginine has a broad effect on a number of different metabolic and signaling pathways in the body at the level of gene regulation. Additional work will be required to establish the underlying mechanisms by which L-arginine may make a critical difference in positively affecting survival from shock. However, based on the results of this study and those of other investigators, the use of L-arginine as an adjunct to resuscitation from hemorrhagic shock continue to be considered seriously for clinical application.

1 **Table I: Survival**

Survival with or without L-Arginine in Resuscitation		
	Control	Arginine
Rat weight (gram)	286.70±18.02	294.40±21.50
Cannulating Time (minutes)	6.35±0.58	6.80±0.76
Bleeding (ml)	9.32±1.39	10.06±1.56
Survival < 24 hours	9/20	16/20*
Survival > 72 hours	6/20	12/20
Shock: MAP = 20±4 mmHg, 90 minutes Resuscitated over 30 minutes with Ringer's lactate 21ml/kg) with and without L-arginine (300mg/kg) intravenously Data expressed as mean ± SD. *P< 0.05 (control vs Arginine).		

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1 Table II: Gene Activation following Shock and Resuscitation

Experimental group	Genes upregu- lated	Genes downre- gulated
Sham at 30 minutes vs sham baseline	4993	7178
Shock at 30 minutes vs shock baseline	4758	7579
Shock + LR at 30 minutes vs shock + LR baseline	5554	7510
Shock + LR + L-arginine at 30 minutes vs baseline	6143	6325

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1 **Table III: Canonical pathways most differentially affected by arginine**

Ten canonical pathways most affected by arginine (Arranged in order of p-score for gene activation after L-arginine treatment)	
30 minutes	4 hours
cAMP-mediated Signaling	Hepatic fibrosis and hepatic stellate cell activation
G-protein Coupled Receptor Signaling	Wnt/ β -catenin Signaling
VDR/RXR Activation	cAMP-mediated Signaling
Hepatic Fibrosis / Hepatic stellate cell Activation	Acute Phase Response Signaling
Glutamate Receptor Signaling	Glycerolipid Metabolism
Wnt/ β -catenin Signaling	TGF- β Signaling
LXR/RXR Activation	Nitrogen Metabolism
Cardiac β -adrenergic Signaling	Glutamine Receptor Signaling
Androgen and Estrogen Metabolism	Cardiac β -adrenergic Signaling
Inositol Metabolism	Pentose and Glucuronate Interconversions

Table IV: Changes seen in several canonical pathways relating to specific cytokines, comparing resuscitation with L-arginine plus Ringer's lactate, versus Ringer's lactate alone (control).

Key to canonical pathways: APR - Acute Phase Response Pathway; HC – Hepatic Cholestasi; HF – Hepatic Fibrosis and Stellate Cell Activation

Cytokine	Gene	Protein	Control	Arginine	Pathway
IL-1	IL1R1	IL1 receptor	Up-regulated	Down-regulated	APR
IL-1	IL1RAP	IL1 receptor accessory protein	Down-regulated	Up-regulated	APR
IL-1	MYD88	Myeloid depression primary response	Down-regulated	Up-regulated	APR, HC
IL-1, TNF- α	JNK $\frac{1}{2}$	JNK	Down-regulated	Up-regulated	APR
IL-1, TNF- α	MKK 4/7	MKK	Down-regulated	Up-regulated	APR
IL-1, TNF- α	I κ B	I κ B	Up-regulated	Neutral	APR
IL-4	IL-4R	Interleukin 4 receptor	Down-regulated	Up-regulated	
IL-6	SHP2	Tyrosine phosphatase	Up-regulated	Down-regulated	APR
IL-6	JAK2	Janus kinase 2	Down-regulated	Up-regulated	APR
IL-6	PDK1	Phosphoinositide dependent kinase	Down-regulated	Up-regulated	APR
IL-6	cRAF	Murine leukemia viral homolog oncogene	Down-regulated	Up-regulated	APR
IL-6	ERK $\frac{1}{2}$	MAP kinase	Down-regulated	Neutral	APR
IL-6	Elk1	Member ETS oncogene family	Down-regulated	Up-regulated	APR
TNF- α	TTR	Transthyretin	Up-regulated	Down-regulated	APR
TNF- α	TLR4	Toll-like receptor 4	Down-regulated	Up-regulated	HC
Growth factors	PDGF- α	Platelet-derived growth factor α	Up-regulated	Down-regulated	HF
Growth factors	PDGFR- α	Platelet derived growth factor receptor α	Down-regulated	Up-regulated	HF
Growth factors	PDGFR- β	Platelet-derived growth factor receptor β	Up-regulated	Down-regulated	HF
Growth	LEPR	Leptin receptor	Up-regulated	Down-regulated	HF

factors					
Growth factors	FGFR1	Fibroblast growth factor receptor 1	Up-regulated	Down-regulated	HF
Growth factors	FGFR2	Fibroblast growth factor receptor 2	Up-regulated	Down-regulated	HF
Growth factors	IFBP5	Insulin-like growth factor binding protein	Up-regulated	Down-regulated	HF
Growth factors	CSF1	Colony stimulating factor 1	Neutral	Down-regulated	HF
NOS	AChR	Cholinergic receptor, muscarinic 1	Up-regulated	Down-regulated	NOS
NOS	PLN	Phospholamban	Up-regulated	Down-regulated	NOS
:NOS	ARG2	Arginase, type 2	Down-regulated	Neutral	LXR
Other	β -catenin	β -Catenin (transcription regulator)	Down-regulated	Up-regulated	WNT
Other	GRM5	Glutamate receptor, metabotropic 5	Up-regulated	Down-regulated	GLUT
	GRIP1	Glutamate receptor interacting protein 1	Up-regulated	Down-regulated	GLUT

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Table V: Signature genes modified both in response to shock and additionally in response to therapy with L-arginine

<i>Gene</i>	<i>Protein encoded by the gene and its function</i>
ALOX5	Arachidonate 5-lipoxygenase (cytoplasmic enzyme)
B3GALNT1	Beta 1,3-N-acetyl/galactosaminyltransferase 2, membrane-bound
CXCL3	Chemokine (C-X-C motif) ligand 3, cytokine
CXCL11	Chemokine (C-X-C motif) ligand 11, cytokine
F3	Coagulation factor III, membrane receptor
GRID2	Glutamate receptor, ionotropic, delta 2
GRM5	Glutamate membrane receptor
HSPA1B	Heat shock 70kDa protein 1b (chaperone protein)
HSPBAP	HSPB (heat shock 27kDa) associated protein 1 (chaperone protein)
IL1A	Interleukin-1, alpha, cytokine
IL1R2	Interleukin-1 receptor type II, membrane receptor
IL6	Interleukin-6, Cytokine
MSR1	Macrophage scavenger receptor 1, membrane receptor
NOS2A	Nitric oxide synthase 2A (inducible)
NLGN1	Neurologin 1, membrane receptor
NPY1R	Neuropeptide Y receptor Y1, G-protein coupled membrane receptor
NR4A3	Nuclear receptor,steroid-thyroid hormone receptor superfamily
PLAUR	Plasminogen activator, urokinase receptor
RGS1	Regulator of G-protein signaling 1, membrane receptor component
ST3GAL3	ST3 beta-galactoside alpha-2,3-sialyltransferase 3, cytoplasmic enzyme
TNF	Tumor necrosis factor, TNF superfamily

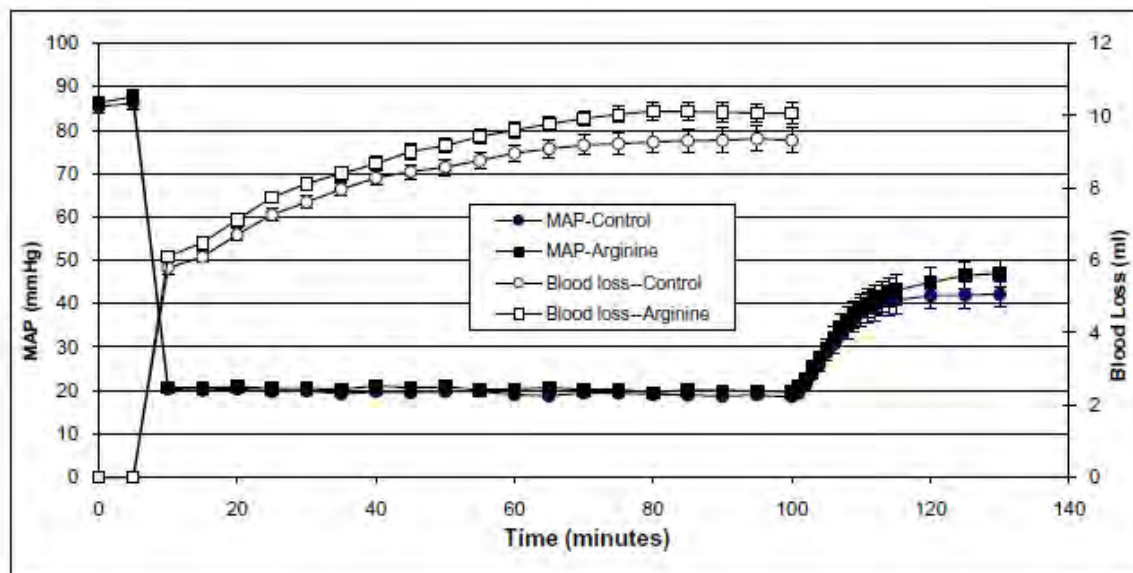


Figure 1

Schematic of the shock preparation for survival studies. There was a 10-minute equilibration period, a 90 minute shock period, and a 30 minute resuscitation period, after which the cannulas were removed, and the animals allowed to recover from anesthesia. There was a very small hemodynamic difference between the two groups (5 mm Hg), to the benefit of the L-arginine group, as measured at the end of resuscitation. As well, the L-arginine required slightly more blood to be withdrawn during the shock period to maintain the blood pressure at 20 mmHg.

References

1. Wu G, Flynn NE, Flynn SP, Jolly CA, Davis PK. Dietary protein or arginine deficiency impairs constitutive and inducible nitric oxide synthesis by young rats. *J Nutr.* 1999; 129:1347-1354.
2. Lee J, Ryu H, Ferrente RJ, Morris SM Jr, Ratan RR. Translational control of inducible nitric oxide synthase expression by arginine can explain the arginine paradox. *Proc Nat Acad Sci USA* 2003; 100:4843-4848.
3. Aktan F. iNOS-mediated nitric oxide production and its regulation. *Life Sciences* 2004; 75:639-653
4. Arora TK, Malhotra AK, Ivatury R, Mangino MJ. L-arginine infusion during resuscitation for hemorrhagic shock: impact and mechanism. *J Trauma* 2010 (May 19). E-pub.
5. Beenyo Z, Szabo C, Kovach AGB, Sandor P. Prevention of the hemorrhagic hypotension-induced hepatic arterial vasoconstriction by L-arginine and naloxone. *Shock* 1999. 11:342-46. (abstract).
6. Angele MK, Smail N, Wang P Cioffi WG, Bland KI, Chaudry IH. L Arginine restores the depressed cardiac output and regional perfusion after trauma – hemorrhage Surgery. 1998; 124 394-402.
- 7 Angele MK, Smail N, Knoferl MW, Ayala A, Cioffi WG, Chaudry IH. Arginine restores splenocytes functions after trauma and hemorrhage potentially by improving splenic blood flow. *Am J. Physiol Cell Physiol* 1999, 276:C145-C161.
8. Angele MK, Smail N, Ayala A, et al. L-Arginine: A Unique Amino Acid for Restoring the Depressed Macrophage Function after Trauma Hemorrhage, *J Trauma* 1999, 46:34-41.

- 1 9. Angele MK, Nitsch SW, Hatz RA, Angenle P, Hernandez-Richter T, Wichmann MW,
2 Chaudry IH, Schildberg FW. L-Arginine: a unique amino acid for improving depressed
3 wound immune function following hemorrhage. *Eur Surg Res* 2002, 34:53-60.
- 4 10. Angele MK, Fitzal f, Smalil N, Knoferl MW, Schwacha MG, Ayala A, Wang P,
5 Chaudry IH. L-arginine attenuates trauma-hemorrhage-induced liver injury. *Crit Care*
6 *Med* 2000 28:3242-48.
- 7 11. Wittmann F, Prix N, Mayr S, Angele P, Wichmann MW, van den Engel NK, Her-
8 nandez-Richter T, Chaudry IH, Jauch KW, Angele MK. L-Argine improves wound heal-
9 ing after trauma-hemorrhage by increasing collagen synthesis. *J Trauma*, 2005,
10 59:162-8.
- 11 12. Shi HP, Wang SM, Zhang GX, Zhang YJ, Barbul A. Supplemental L-arginine en-
12 hances wound healing following trauma/hemorrhagic shock. *Wound Rep Reg* 2007;
13 15:66-70.
- 14 13. Anaya-Prado R, Toledo-Pereyra LH, Guo RF, Reuben J, Ward PA, Walsh J. The
15 attenuation of hemorrhage-induced liver injury by exogenous nitric oxide, L-arginine,
16 and inhibition of inducible nitric oxide synthase, *J Invest Surg*. 2003 Sep-Oct; 16
17 (5):247-61
- 18 14. Preissler G, Lothe F, Ebersberger U, Huff I, Bittmann I, Messmer K, Jauch KW, An-
19 gele, MK. Recipient treatment with L-arginine attenuates donor lung injury associated
20 with hemorrhagic shock. *Transplantation* 2009; 87:1602-08.
- 21 16 Chaudry IH, Sayeed MM, Baue AE. Alterations in high-energy phosphates in he-
22 morrhagic shock as related to tissue and organ function. *Surgery*. 1976;79(6):666-668.
- 23 17. Van Way C, Dhar A, Reddy R, Evans L, Wogahn B, Helling TS. Changes in adenine

- 1 nucleotides during hemorrhagic shock and reperfusion. *J Surg Res.* 1996;66:159-166.
- 2 18. Helling TS, Wogahn BM, Olson SA, Evans LS, Reddy BR, Van Way C. The effect of
3 prostaglandin E1 on liver adenine nucleotides and cytoplasmic enzymes in a porcine
4 model of normothermic hepatic ischemia. *Hepatology.* 1995;22:1554-1559.
- 5 19. Chang CG, Van Way CW III, Dhar A, Helling T Jr, Hahn Y. The use of insulin and
6 glucose during resuscitation from hemorrhagic shock increases hepatic ATP. *J Surg*
7 *Res.* 2000;92(2):171-176.
- 8 20. Yang R, Tan X, Thomas AM, Qureshi N, Morrison DC, Van Way CW III.: Alanine-
9 Glutamine Dipeptide (AGD) Inhibits Expression of Inflammation-Related Genes in He-
10 morrhagic Shock. *JPEN Jour Parent Ent Nutr* 31:32-36, 2007.
- 11 21. Yang R, Martin L, Woodall C, Thomas AM, Qureshi N, Morrison DC, Van Way CW
12 III. Administration of glutamine following hemorrhagic shock restores cellular energy,
13 reduces cell apoptosis and damage, and increases survival. *JPEN J Parenter Enteral*
14 *Nutr.* 31:94-100,2007.
- 15 22. Gough MS, Morgan MAM, Mack CM, Darling DC, Frasier LM, Doolin KP, Apostola-
16 kos MJ, Stewart JC, Graves BT, Arning E, Bottiglieri T, Mooney RA, Frampton MW, Pie-
17 tropaoli AP. The ratio of arginine to dimethylarginines is reduced and predicts outcomes
18 in patients with severe sepsis. *Crit Care Med* 2011, 38:352-58.
- 19 23. Davis JS, Anstey NM. Is plasma arginine concentration decreased in patients with
20 sepsis? A systematic review and meta-analysis. *Crit Care Med* 2011, 38:380-85.
- 21 24. Preiser J-C, Luiking Y, Deutz N. Arginine and sepsis : A question of the right bal-
22 ance? *Crit Care Med* 2011, 39:1569-70.
- 23 25. Marik PE, Zaloga GP. Immunonutrition in critically-ill patients: a systematic review

and analysis of the literature. Intensive Care Med 2008, 34:1980-90.

26. McClave SA, Martindale RG, Vanek VW, McCarthy M, Roberts P, Taylor B, Ochoa JB, Napolitano L, Cresci G. Guidelines for the provision and assessment of nutrition support therapy in the adult critically ill patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) J Am Parent Ent Nutr 2009, 33:277-318.

27. Drover JW, Dhaliwal R, Weitzel L, Wischmeyer PE, Ochoa JB, Heyland DK. Perioperative use of arginine-supplemented diets: a systematic review of the literature. J Am Coll Surg 2011, 212:385-99.

28. Kudsk KA, Minard G, Croce MA, Brown RO, Lowrey TS, Pritchard FE, Dickerson RN, Fabian TC. A randomized trial of isonitrogenous enteral diets after severe trauma. An immune-enhancing diet reduces septic complications. Ann Surg 1996, 224:531-40.

29. Mendez C, Jurkovich GJ, Wener MH, Garcia I, Mays M, Maier RV. Effects of supplemental dietary arginine, canola oil, and trace elements on cellular immune function in critically injured patients. Shock. 1996, 6:7-12.(abstract)

30. Weimann A, Bastian L, Bischoff WE, Grotz M, Hansel M, Lotz J, Trautwein C, Tusch G, Schitt HJ, Regel G. Influence of arginine, omega-3 fatty acids and nucleotide-supplemented enteral support on systemic inflammatory response syndrome and multiple organ failure in patients after severe trauma. Nutrition. 1998, 14:165-72.

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Crocetin Reduces Activation of Hepatic Apoptotic Pathways and Improves Survival in Experimental Hemorrhagic Shock

Rongjie Yang, MD¹; Kathy Vernon²; Ann Thomas⁵; David Morrison, PhD³; Nilofer Qureshi, PhD³; and Charles W Van Way III, MD⁴

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Background: Hemorrhagic shock results in cellular damage and cell death. A primary mechanism is cellular apoptosis from mitochondrial damage. This study demonstrated that administration of crocetin to experimental animals during resuscitation from shock significantly improved postshock survival and reduced apoptosis. Crocetin is a component of saffron and has long been used in traditional medicine in Asia. **Methods:** Male Sprague-Dawley rats (350 ± 30g) were randomly assigned to 1 of 4 groups of 8 animals. Hemorrhagic shock was induced by withdrawing blood until the mean arterial pressure was 35–40 mm Hg, and blood pressure was maintained at that level for 60 minutes with further withdrawals as needed. Resuscitation was carried out by administration of 21 mL/kg lactated Ringer's solution and return of shed blood, with or without concurrent administration of crocetin (2 mg/kg). Control animals were sham-treated with surgical preparation, without shock or

resuscitation, and with and without crocetin. Rats were sacrificed 24 hours after completion of resuscitation. The extent of activation of hepatic apoptosis was established by measuring levels of hepatic cytosolic cytochrome c, caspase-3, and bcl-2. A separate group of 53 animals treated identically was used to assess survival. **Results:** Crocetin administration during resuscitation resulted in less extensive activation of hepatic apoptosis and significantly increased survival relative to controls. **Conclusions:** Crocetin administration to experimental animals during resuscitation post hemorrhage increased survival, at least in part by protecting the liver from activation of apoptotic cell death. This agent continues to show promise as a potential treatment strategy for hemorrhagic shock. (*JPEN J Parenter Enteral Nutr.* 2011;35:107-113)

Keywords: inflammatory mediators; cytokines; resuscitation; cytochrome c; caspase-3; Bcl-2 protein; saffron; oxygen diffusion

Hemorrhagic shock, a major complication of trauma, is a relatively common and potentially critical medical problem for which optimal therapeutic interventions have yet to be identified. A primary cause of hemorrhage-associated problems is the development of extensive postresuscitation tissue injury mediated by inflammatory mediators, leading to cellular apoptosis.

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We and others earlier reported that in animals subjected to controlled hemorrhagic shock followed by resuscitation, extensive hepatic apoptosis can be readily detected within 24 hours. It is highly likely that this cellular apoptosis is at least one of the major mechanisms by which significant organ damage results during and following reperfusion leading to tissue injury.^{1,2}

Crocetin has long been used in traditional Chinese medicine as an agent for the treatment for many human diseases, including gout, cancer, depression, constipation, and infections, among others. Structurally, crocetin has been shown to consist of a linear 16-carbon chain, of which 8 of the linkages are double bonds. There are also 4 attached internal methyl groups, and a carboxylic acid (—COOH) group is positioned at each end of the molecule. The molecular weight of this compound is 328 Da (Figure 1).

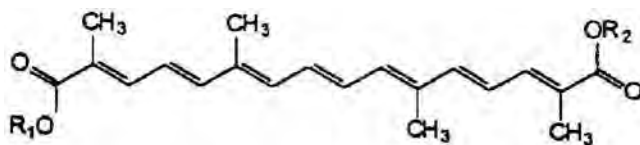


Figure 1. Structure of the crocetin molecule.

Present in many foods, crocetin is a major constituent of saffron and is responsible for the characteristic yellow color of that spice. Besides the crocus plant (*Crocus sativus* L), crocetin is found in a number of other relatively common plants and is commercially extracted from gardenia root (*Gardenia jasminoides* Ellis). It is commonly sold in the United States as an herbal supplement.

In terms of crocetin's fundamental mode of action in host tissues that might explain some of its therapeutic properties, crocetin was initially reported by Gainer and others to cause increases in oxygen diffusion in vitro and to improve tissue oxygenation post resuscitation in vivo.³⁻⁷ However, the effects of this agent on actual survival were not evaluated in those studies. In our own earlier published studies, we showed that administration of crocetin to adult male rats during resuscitation following experimentally induced hemorrhagic shock improved the recovery of cellular adenosine triphosphate (ATP) in liver and resulted in significantly reduced expression of inflammation-related genes in a rat model of hemorrhagic shock and resuscitation.⁸⁻¹⁰

To better understand the underlying mechanisms by which crocetin can potentially modulate the host response to hemorrhagic shock, we evaluated the effect of crocetin administration on the level of postresuscitation hepatic apoptosis in a sublethal experimental model of hemorrhagic shock followed by resuscitation. In the studies reported here, we evaluated the extent of hepatic cellular apoptosis by quantitating levels of hepatic cytochrome c, caspase 3, and bcl-2 during the early period post shock (24 hours). In a separate group of rats, we monitored survival over 72 hours following treatment with crocetin at the time of resuscitation relative to control rats treated with resuscitation alone. Our hypothesis in this study was that crocetin administration would significantly reduce the levels of hepatic cellular apoptosis, which would correlate with an increased number of animals surviving relative to untreated controls.

Methods

Experimental Animal Hemorrhagic Shock Model

Sprague-Dawley male rats ($n = 32$, 350 ± 30 g; purchased from Charles River, Wilmington, MA) were randomly assigned to 4 groups, each group containing 8 animals:

1. Sham control group—anesthesia and surgical preparation, no hemorrhagic shock, no crocetin intervention
2. Sham crocetin group—anesthesia and surgical preparation, no hemorrhagic shock, crocetin administered
3. Control group—hemorrhagic shock, no crocetin intervention, resuscitated with lactated Ringer's solution (LR) alone
4. Crocetin group—hemorrhagic shock, resuscitated with LR and administered crocetin during resuscitation

All rats were anesthetized with 3% isoflurane (Baxter Healthcare Corporation, Deerfield, IL) with an anesthesia vaporizer (SurgiVet, Waukesha, WI) with 100% oxygen while breathing spontaneously. Isoflurane was adjusted from 3% to 1% after induction and then maintained at 1%–1.5% until the conclusion of the resuscitation.

After anesthetization, animals were covered with a sterile drape. The temperature under the drape, controlled by a lamp over the table, was maintained at approximately 28°C during the shock period and 36°C during the resuscitation period. After sterile skin preparation, a cervical incision was made. The left carotid artery and jugular vein were cannulated using PE50 polyethylene tubing (Becton Dickinson, Sparks, MD). All animals were anticoagulated with heparin (300 units/kg) through the venous cannula after the procedure was completed. A digital blood pressure analyzer (Micro-Med, Louisville, KY) was used to monitor pressure continuously. Hemorrhagic shock was initiated by withdrawing blood through the carotid arterial cannula over a 5-minute period, until the mean arterial pressure (MAP) stabilized at 35–40 mm Hg. MAP was maintained at that level with further withdrawals of blood, as required, for 60 minutes. MAP was monitored continuously and recorded every 5 minutes.

In all animals subjected to hemorrhagic shock, resuscitation was carried out by administration of LR, 21 mL/kg, followed by return of the shed blood to the animals previously subjected to hemorrhagic shock. Resuscitation fluid and blood were given over a total of 30 minutes. In the crocetin treatment group, crocetin (ICN Biomedicals, Aurora, OH), dissolved in normal saline (0.9%), was administered as a bolus of 2 mg/kg (1 mL/kg of solution, about 0.35 mL) at the time of resuscitation. The crocetin dosage used was determined on the basis of dose-response studies carried out in conjunction with previously reported studies.⁸⁻¹⁰ As noted below, a larger dose was used following the longer period of shock used in the chronic study.

Control shock animals received an equivalent bolus of normal saline (1 mL/kg). For the sham control and sham crocetin groups, either normal saline or crocetin as above was given, without administration of LR.

All animals were allowed to recover from anesthesia. At 24 hours following resuscitation, a midline laparotomy

incision was made, and liver biopsies were taken. Samples were frozen immediately in liquid nitrogen and then stored in a refrigerator at -80°C for further studies. After sampling, animals were sacrificed by exsanguination.

Measurements of Apoptosis

Frozen tissue samples were thawed and gently homogenized, and particulate material was removed by centrifugation. The resulting liver cytosolic extracts were analyzed for markers indicative of relative levels of hepatic apoptosis and levels of cytochrome c, caspase-3, and bcl-2 quantified using enzyme-linked immunosorbent assays (ELISAs) or enzyme activity assays. All assays were compared to purified standards provided by the manufacturers run in parallel. Relative extent of apoptosis was measured using the Cell Death Detection ELISA-PLUS kit (Roche Applied Science, Indianapolis, IN). Cytochrome c was analyzed using a commercially available assay kit (MBL International, Woburn, MA). Caspase-3 was assayed using the Caspase-3 Protease Assay kit (BioSource International, Camarillo, CA). Bcl-2 was analyzed with a bcl-2 ELISA kit (Oncogene Research Products, San Diego, CA).

Animal Survival Studies

For survival studies, male Sprague-Dawley rats (350 ± 30 g, $n = 53$) were subjected to hemorrhagic shock using a protocol almost identical to that described above but with the difference that a mean arterial pressure of 25–30 mm Hg was maintained for 60 minutes. Two groups of rats were studied, 1 resuscitated with LR (21 mL/kg) alone and the other with LR (21 mL/kg) plus crocetin (4 mg/kg), with both groups receiving return of shed blood. Following recovery from the surgery, all animals were monitored until death or for 72 hours. The larger dose of crocetin was used to compensate for the longer period of shock, in an effort to maximize any potential contribution of the intervention on survival.

Statistical Analysis

Sample size for rats used in both the acute and chronic experiments was calculated using power analysis (PASS, NCSS, Kaysville, UT). For the acute survival experiments, a sample size of 8 was determined to provide a 98% chance of detecting a 2:1 variation in the levels of apoptosis and cytochrome c detected in hepatic extracts of the experimental group vs controls. For the longer term survival experiments, a sample size of 26 was estimated to provide an 87% chance of detecting a 2:1 difference in overall survival between the treated and control animals assuming an approximate control mortality of 80%.

Data analysis was carried out with Microsoft Excel (Microsoft, Redmond, OR) and with NCSS (NCSS, Kaysville, UT). Data results and graphs were expressed as mean \pm standard error of the mean. Data were further analyzed using analysis of variance, Student's *t* test, and Kruskal-Wallis multiple-comparison *z*-value test (NCSS, Kaysville, UT). One-tailed analysis of variance was used to compare survival rates (Microsoft Excel). Survival data were further analyzed with Fisher's exact test. The significance level was .05 for all analyses.

Institutional Approval

All animal care and experimental procedures were carried out strictly in accordance with the Guidelines of the Laboratory Animal Center of the University of Missouri–Kansas City, which is a facility accredited by the American Association for the Accreditation of Laboratory Animal Care. Before and after the surgical procedures, rats were maintained in the Animal Care Facility of the University of Missouri–Kansas City and were maintained on a 12:12-hour light–dark cycle with free access to food and water. The specific experimental protocols under which this work was carried out were approved by the Institutional Animal Care and Use Committee of the University of Missouri–Kansas City.

Results

Crocetin Administration Reduced Levels of Hepatic Apoptosis

As summarized in the Methods section, rats were subjected to 1 hour of sublethal hemorrhagic shock, after which they were resuscitated with LR and shed blood either with or without crocetin at 2 mg/kg. Sham animals were not subjected to shock but received a bolus administration of either saline or crocetin. Hepatic biopsy tissues taken at 24 hours post resuscitation were then assessed for levels of tissue apoptosis. The results from these studies, summarized in Figure 2, indicate that the extent of hepatic apoptosis was significantly increased at 24 hours in the control group whereas hepatic tissue obtained from the crocetin-treated rats showed no significant increase above baseline. We conclude from this experiment that crocetin provides significant protection of experimental animals against hepatic apoptosis induced by hemorrhagic shock.

It is generally recognized that an early event in development of apoptosis is the release of cytochrome c from mitochondria. Therefore, it was postulated that levels of free cytosolic cytochrome c should be significantly decreased in hepatic tissues of rats treated with crocetin

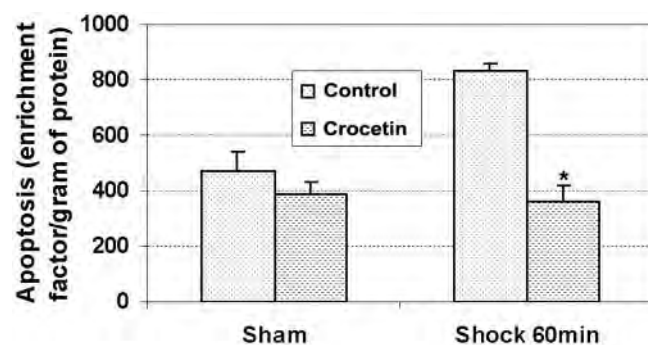


Figure 2. Acute studies. Liver cell apoptosis in sham and shock, comparing control and crocetin groups, measured at 24 hours following 60 minutes of hemorrhagic shock and 30 minutes of resuscitation or an equivalent length of time for the sham-operated animals. * $P < .05$ (control vs crocetin).

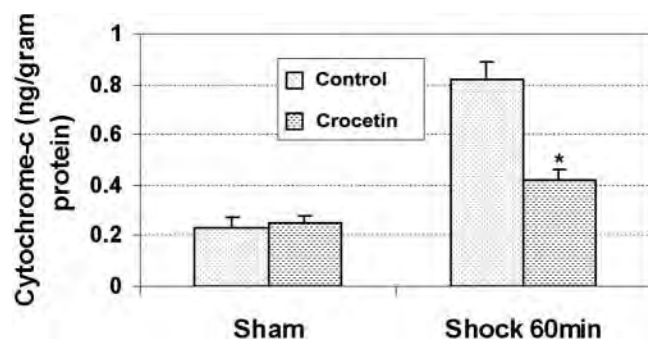


Figure 3. Acute studies. Liver cytosolic cytochrome c levels in sham and shock, comparing control and crocetin groups, measured at 24 hours following 60 minutes of hemorrhagic shock and 30 minutes of resuscitation or an equivalent length of time for the sham-operated animals. * $P < .05$ (control vs crocetin).

compared with rats treated with LR solution alone. We measured cytosolic extracts of tissue biopsy samples obtained from the rats at 24 hours for levels of cytosolic cytochrome c. The results of these studies, shown in Figure 3, indicate that although cytosolic cytochrome c was clearly present in both groups 24 hours post resuscitation, the levels were significantly reduced in the crocetin-treated rats compared with the control rats.

It is also well established that early events of cellular apoptosis are accompanied by increases in levels of caspase 3, an important intermediary in the pathway. Furthermore, there is a reduction in levels of bcl-2, a protein known to inhibit development of apoptosis. In support of our results with cytosolic cytochrome c, significant hepatic caspase-3 activation was observed at 24 hours in the control rats, but levels were markedly reduced in the crocetin-treated animals (Figure 4). Correspondingly, hepatic bcl-2 protein levels were diminished at 24 hours post resuscitation in both of the shock

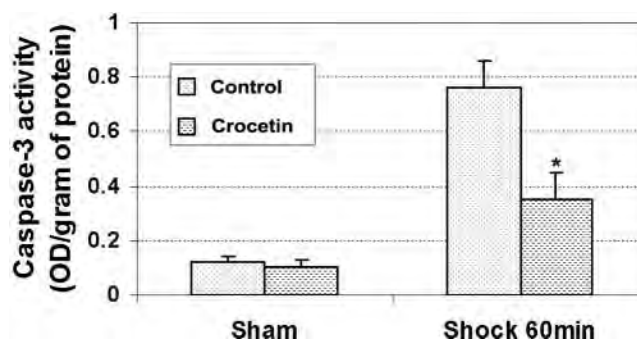


Figure 4. Acute studies. Caspase-3 activity in sham and shock, comparing control and crocetin groups, measured at 24 hours following 60 minutes of hemorrhagic shock and 30 minutes of resuscitation or an equivalent length of time for the sham-operated animals. * $P < .05$ (control vs crocetin).

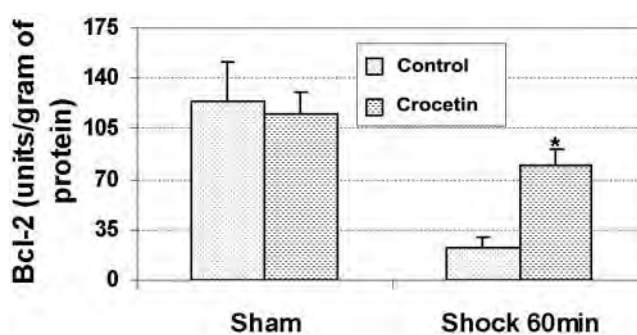


Figure 5. Acute studies. Bcl-2 levels in sham and shock, comparing control and crocetin groups, measured at 24 hours following 60 minutes of hemorrhagic shock and 30 minutes of resuscitation or an equivalent length of time for the sham-operated animals. * $P < .05$ (control vs crocetin).

groups, but bcl-2 levels in the crocetin-treated rats were significantly higher than in the control rats (Figure 5). We conclude from these findings that crocetin administration at the time of resuscitation significantly reduces the activation of the apoptosis pathway in hepatic tissue relative to controls.

Crocetin Improved Survival Following Hemorrhagic Shock

In a separate series of studies to assess survival following hemorrhagic shock, rats were subjected to shock at MAP of 25–30 mm Hg for 60 minutes prior to resuscitation. The MAP in the control group ($n = 27$) and the crocetin group ($n = 26$) was reduced to the same level during shock. MAP in both groups recovered to baseline within 10 minutes of beginning fluid resuscitation and actually exceeded baseline values during resuscitation (Figure 6). Animals were then closely followed for 3 days and monitored for survival.

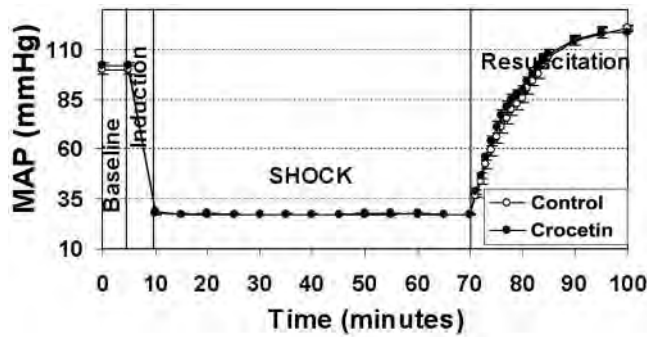


Figure 6. Chronic studies. Time course of mean arterial pressure (MAP) during 60 minutes of hemorrhagic shock followed by 30 minutes of resuscitation.

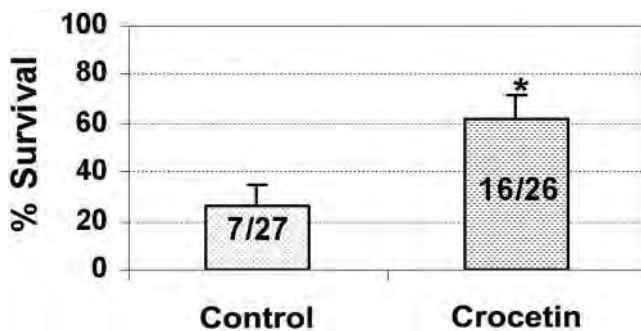


Figure 7. Chronic studies. Survival rates at 72 hours after 60 minutes of hemorrhagic shock and 30 minutes of resuscitation. * $P < .05$ (control vs crocetin).

As seen in Figure 7, administration of crocetin during resuscitation, compared with resuscitation with LR only, significantly reduced mortality following lethal hemorrhagic shock.

Discussion

Our studies provide strong evidence that inclusion of crocetin in resuscitation fluids administered to experimental animals following a period of hypovolemic shock significantly reduces mortality. One possible mechanism for this reduction is that crocetin administration may restrict the extent of cellular apoptosis that normally accompanies fluid resuscitation following hemorrhagic shock. Evidence of reduced hepatic apoptosis is provided by reductions in levels of postshock cytosolic cytochrome c, reduced levels of activated caspase 3, and increases in the levels of protective bcl-2 protein. These results collectively support the concept that administration of crocetin—or crocetin-like molecules—might be a viable treatment option for injured patients and others presenting with

shock due to hemorrhage. Mitochondrial damage, either from ischemia or from reperfusion, leads to the release of cytochrome c from the mitochondria into the cytoplasm, thereby initiating activation of the apoptotic pathway. Given that crocetin administration both protects animals from mortality following resuscitation from shock and reduces markers associated with cellular apoptosis, it is highly likely that apoptosis is a major mechanism responsible for cellular and organ damage following shock.^{1,2} Specifically, we observed a marked increase in free cytochrome c detectable in the cytoplasmic fraction of hepatic tissues compared with baseline at 24 hours. With crocetin administration, however, cytosolic cytochrome c levels were inhibited significantly compared with control animals resuscitated with LR alone. Caspases are well established to be cysteine proteases that serve as key effectors in apoptotic cell death. Caspases are usually present in the cellular cytoplasm as inactive zymogens that become activated in response to a variety of specific death stimuli. The appearance of active caspase-3 is generally accepted as strong evidence that the apoptotic pathway has been activated and that a cell will proceed to apoptotic cell death.¹¹ Our data also provide strong evidence of a marked increase in hepatic caspase-3 at 24 hours, compared with baseline, following a period of shock. Once again, crocetin administration significantly inhibited caspase-3 levels compared with controls.

The bcl-2 protein, a constituent of the mitochondrial membrane, is thought to serve a protective function for the mitochondrion against ischemic damage. Results of previous research have helped to establish that levels of bcl-2 protein are severely depressed in experimental animals following shock and resuscitation.¹²⁻¹⁵ As might be anticipated, given the results with cytochrome c and caspase 3, levels of bcl-2 were markedly increased at 24 hours in the crocetin-treated animals relative to controls. Thus, treatment with crocetin at the time of resuscitation appears to contribute significantly to recovery of hepatic bcl-2 levels.

Following ischemia and resuscitation, both apoptosis and necrosis can be seen. They are more closely related than previously thought and they share certain common pathways. Indeed, the term “necroapoptosis” has been coined to reflect the overlap between them.¹⁶ Paxian et al¹⁷ observed, as we have,^{8,9} that hemorrhagic shock markedly depresses hepatic ATP. They made the additional observation that resuscitation after a brief period of shock compared with a longer period of shock was associated with more rapid recovery of ATP, better return of hepatic function, and, significantly, more apoptosis compared with necrosis. Shorter periods of shock (1 and 2 hours) were associated predominantly with postresuscitation apoptosis, whereas the longest period of shock (3 hours) was associated predominantly with necrosis. Necrosis appeared to be associated with failure of ATP levels to

recover after resuscitation. Although the models are somewhat different, the present studies, both acute and chronic, used relatively shorter periods of shock (30 and 90 minutes, respectively), within the range that produced apoptosis in the studies of Paxian et al. To the extent that crocetin administration is associated with more rapid recovery of ATP, it might be expected to diminish necrosis as well. However, this study was intended to examine the apoptotic pathway and provided no evidence on whether necrosis was affected.

This study was limited to hepatic tissue. We have confirmed that intestinal mucosa exhibit similar changes to hepatic tissue in terms of ATP and adenosine metabolites. However, these experiments were not repeated in intestinal mucosa or in other tissues. It would be unwise to generalize these findings without further experimental verification.

Our findings indicate that administration of crocetin during resuscitation reduces the extent of liver apoptosis and significantly increases survival compared with resuscitation using LR alone. These results support the validity of our hypothesis that crocetin reduces cell apoptosis and increases survival. It is likely that crocetin modifies the cellular death pathway of apoptosis and protects from cellular reperfusion injuries. Of note, this may not be the only mechanism of action for this agent.

Results from our previous experiments have provided convincing evidence that crocetin administration at the time of resuscitation from hemorrhagic shock in rats accelerates the return of cellular energy stores to normal. The mechanism of action probably involves, at least in part, prevention of mitochondrial damage.^{8,9} Because crocetin is highly hydrophobic, this could occur through crocetin-mediated stabilization of the mitochondrial membrane. It is also possible, as others have hypothesized, that crocetin increases oxygen transport in the plasma and may thereby enhance oxygen supply at the cellular level.³⁻⁷ Other investigators have found that crocetin can function as an anti-inflammatory agent or as an antioxidant¹⁸⁻²¹ and can protect against hepatotoxic agents.^{20,22} Crocin, a closely related molecule, has been shown to protect against cell death in retinal photoreceptor cells.²³

The precise mechanism or mechanisms by which crocetin exerts its protective effects remain to be fully elucidated. Given that other lipids, such as leukotriene B₄, can serve as relatively potent activators of the peroxisome proliferator-activated receptor- γ , which has well-established functions in inhibiting inflammatory responses, it is attractive to consider a similar mode of action for crocetin. Alternatively, others have published results that strongly implicate a role for inducible nitric oxide synthase in the hemorrhage-induced increase in caspase-3 activity.²⁴⁻²⁶ We noted previously that crocetin administration following shock inhibits messenger RNA for inducible nitric oxide synthase.¹⁰ Our continuing research efforts are directed toward further understanding

these mechanisms, with the ultimate goal of developing effective strategies to treat hemorrhagic shock.

Conclusion

Crocetin has potential for treatment of hemorrhagic shock. The development of new pharmacologic strategies to minimize late tissue and organ damage can be expected to greatly improve the clinical treatment of hemorrhagic shock. Subsequent investigations will be designed to determine the specific underlying mechanisms and whether action is primary or secondary to increased oxygen transport.

References

1. Genesca M, Sola A, Miquel R, et al. Role of changes in tissue nucleotides on the development of apoptosis during ischemia/reperfusion in rat small bowel. *Am J Pathol.* 2002;161:1839-1847.
2. Chopp M, Chan PH, Hsu CY, Cheung ME, Jacobs TP. DNA damage and repair in central nervous system injury: National Institute of Neurological Disorders and Stroke Workshop Summary. *Stroke.* 1996;27:363-369.
3. Gainer JL, Rudolph DB, Caraway DL. The effect of crocetin on hemorrhagic shock in rats. *Circ Shock.* 1993;41:1-7.
4. Roy JW, Graham MC, Griffin AM, Gainer JL. A novel fluid resuscitation therapy for hemorrhagic shock [editorial]. *Shock.* 1998;10:213-217.
5. Singer M, Stidwill RP, Nathan A, Gainer JL. Intravenous crocetinate prolongs survival in a rat model of lethal hypoxemia. *Crit Care Med.* 2000;28:1968-1972.
6. Giassi LJ, Gilchrist MJ, Graham BA, Gainer JL. Trans-sodium crocetin restores blood pressure, heart rate, and plasma lactate after hemorrhagic shock. *J Trauma.* 2001;51:932-938.
7. Giassi LJ, Poynter AK, Gainer JL. Trans sodium crocetin for hemorrhagic shock: effect of time delay in initiating therapy. *Shock.* 2002;18:585-588.
8. Van Way CW III, Dhar A, Morrison DC, Longorio MA, Maxfield DM. Cellular energetics in hemorrhagic shock restoring adenosine triphosphate to the cells. *J Trauma.* 2003;54:S169-S176.
9. Van Way CW III, Dhar A, Morrison D. Hemorrhagic shock: a new look at an old problem. *Mo Med.* 2003;100:518-523.
10. Yang R, Tan X, Thomas AM, et al. Crocetin inhibits mRNA expression for tumor necrosis factor- α , interleukin-1 β , and inducible nitric oxide synthase in hemorrhagic shock. *JPEN J Parenter Enteral Nutr.* 2006;30:297-301.
11. Boatright KM, Salvesen GS. Mechanisms of caspase activation. *Curr Opin Cell Biol.* 2003;15:725-731.
12. Inoue I, Nagase H, Kishi K, Higuti T. ATP-sensitive K⁺ channel in the mitochondrial inner membrane. *Nature.* 1991;352:244-247.
13. Dhar A, Kujath S, Van Way CW III. Glutamine administration during total parenteral nutrition protects liver adenosine nucleotides during and after subsequent hemorrhagic shock. *JPEN J Parenter Enteral Nutr.* 2003;27:246-251.
14. Darlington DN, Gann DS. Adenosine stimulates Na/K ATPase and prolongs survival in hemorrhagic shock. *J Trauma.* 2005;58:1-6.
15. Zager RA. Adenine nucleotide changes in kidney, liver, and small intestine during different forms of ischemic injury. *Circ Res.* 1991;68:185-196.
16. Lemasters JJ. Necroptosis and the mitochondrial permeability transition: shared pathways to necrosis and apoptosis. *Am J Physiol.* 1999;276:G1-G6.

17. Paxian M, Bauer I, Rensing H, et al. Recovery of hepatocellular ATP and "pericentral apoptosis" after hemorrhage and resuscitation. *FASEB J*. 2003;17:993-1002.
18. Hosseinzadeh H, Younesi HM. Antinociceptive and anti-inflammatory effects of *Crocus sativus* L. stigma and petal extracts in mice. May 15, 2002. <http://www.biomedcentral.com/1471-2210/2/7>. Accessed December 19, 2006.
19. Wang CJ, Lee MJ, Chang MC, Lin JK. Inhibition of tumor promotion in benzo[a]pyrene-initiated CD-1 mouse skin by crocetin. *Carcinogenesis*. 1995;16:187-191.
20. Wang CJ, Hsu JD, Lin JK. Suppression of aflatoxin B1-induced hepatotoxic lesions by crocetin (a natural carotenoid). *Carcinogenesis*. 1991;12:1807-1810.
21. Hsu JD, Chou FP, Lee MJ, et al. Suppression of the TPA-induced expression of nuclear proto-oncogenes in mouse epidermis by crocetin via antioxidant activity. *Anticancer Res*. 1999;19:4221-4227.
22. Tseng TH, Chu CY, Huang JM, Shiow SJ, Wang CJ. Crocetin protects against oxidative damage in rat primary hepatocytes. *Cancer Lett*. 1995;97:61-67.
23. Laabich A, Vissvesvaran GP, Lieu KL, et al. Protective effect of crocin against blue light- and white light-mediated photoreceptor cell death in bovine and primate retinal primary cell culture. *Invest Ophthalmol Vis Sci*. 2006;47:3156-3163.
24. Kiang JG, Bowman PD, Lu X, et al. Geldanamycin inhibits hemorrhage-induced increases in caspase-3 activity: role of inducible nitric oxide synthase. *J Appl Physiol*. 2007;103:1045-1055.
25. Kiang JG, Peckham RM, Duke LE, Shimizu T, Chaudry IH, Tsokos GC. Androstenediol inhibits the trauma-hemorrhage-induced increase in caspase-3 by downregulating the inducible nitric oxide synthase pathway. *J Appl Physiol*. 2007;102:933-941.
26. Kan WH, Hsu JT, Schwacha MG, et al. Selective inhibition of iNOS attenuates trauma-hemorrhage/resuscitation-induced hepatic injury. *J Appl Physiol*. 2008;105:1076-1082.

Appendix 3

Influence of Arginine upon Hypoxia-Induced Changes in Proteasomal Structure and Function in RAW 264.7 Cells

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ABSTRACT

Introduction: Exposure of cells to hypoxia can induce an inflammatory response.

Production of inflammatory mediators by RAW 264.7 cells in response to lipopolysaccharide (LPS) stimulation has long been used as a model for the response of macrophages to inflammatory stimuli. Previous work by our group and others has demonstrated that LPS stimulation of macrophage-like cells produces inflammatory mediators and changes in the proteolytic activities of the proteasome. Changes are also seen both in proteolytic protein subunits of the proteasome and in corresponding gene expressions. Ongoing work from our laboratory has indicated that exposing cells to hypoxia produces changes in the proteasome that parallel those seen following LPS stimulation. Other preliminary studies suggest that arginine can markedly alter the immune response both in vitro and in vivo. The hypothesis of the present work is that hypoxia-induced changes in the proteasome can be modulated by arginine.

Materials and Methods: RAW 264.7 cells were cultured in DMEM medium and exposed to an atmosphere of 1.5% oxygen and 5% CO₂ for periods up to 48 hours. Control cells were kept in 21% oxygen and 5% CO₂. The three types of proteasomal activity chymotrypsin-like, trypsin-like, and post-glutamate, were measured with chemiluminescence. The protein subunits X, Y, and Z, together with their alternates LMP7, LMP2, and LMP10, were assessed measuring both protein (Western blot) and mRNA (reverse transcription and blotting) and protein levels. ATP content was measured with a chemiluminescence assay. Cell counts and growth of cells were measured by two different ways, automated cell count after trypsin digestion and total nucleic acid analysis. Cellular ATP content was calculated from total ATP and cell counts. To assess inflammatory mediators, studies were done for TNF α , IL1 β , and iNOS, assessing both protein (ELISA) and mRNA (reverse transcription and blotting) and protein levels (Western blot). Nitrite levels were measured as an index of nitric oxide synthase (NOS) activity. To determine the effect of arginine, DMEM solution with varying levels of arginine (10 to 500 micromolar) were prepared from arginine-free DMEM and cell culture grade L-arginine.

Results: Cells grew well in hypoxia at 1.5%. Growth was about 15% less than normoxic control cells, measured either by cell count or nucleic acid analysis. The ATP content of the cells was the same for hypoxic and normoxic cells. Proteasomal activities in the hypoxic cells showed, as compared with controls, a twofold increase in chymotrypsin-like activity, unchanged trypsin-like activity, and somewhat decreased (15%) post-glutamate activity. These changes were accompanied by up-regulation of mRNA for the subunits LMP-7 and LMP-2, and appearance of the corresponding

proteins. Cytokine secretion and mRNA for cytokines were less evident. $\text{TNF}\alpha$, IL-1 β , and IL-6 were not stimulated by hypoxia, while iNOS mRNA and protein level were increased significantly.

By varying the arginine concentration of the culture medium, we established that the observed proteasomal changes summarized above were strongly arginine dependent. We observed a dose-dependent over-expression of inducible trypsin-like LMP-2 protease constituent of the proteasome in response to changes in arginine,

Discussion: These results support the hypothesis that hypoxia *per se* induces an inflammatory response, and that that response involves changes in the proteasome, both in structure and in function. The data suggest that the proteasomal changes can occur even with a relatively minimal cytokine response. These results also support the hypothesis that arginine can modulate hypoxia-induced changes in the proteasome thereby helping to maintain cellular homeostasis.